

2024
Mason County
Community First Fair Scholarship
OFFICIAL APPLICATION FORM

SUBMISSION DEADLINE: Friday, May 17, 2024

SUBMIT TO: any **Ohio Valley Bank Office** in Mason County, WV

OVB Pt. Pleasant Office: 328 Viand Street, Pt. Pleasant, WV

OVB Bend Area Office: 156 Mallard Lane, Mason, WV

OVB Pt. Pleasant North Office: 2509 Jackson Avenue, Pt. Pleasant, WV

APPLICATION MUST BE ACCOMPANIED BY:

1. Copy of your high school transcript
2. ACT or SAT score report

Please place application in a sealed envelope.

I. Personal Information

Name: _____ Age: _____ Sex: Male Female

Address:

Street

City

State

Zip

Phone Number: (____) _____ - _____ Date of Birth: _____

II. High School Information

Name of high school and graduation date:

List honors/Advanced Placement Courses taken (i.e. English II Honors):

III. College Information

Name of School in which you plan to enroll:

Name of School

City/State

Have you been accepted? Yes No

Intended major field of study: _____

IV. References

Give the name, addresses and phone numbers of two character references.

1) Name: _____ Phone Number: (____) - _____

Address:

Street

City

State

Zip

2) Name: _____ Phone Number: (____) - _____

Address:

Street

City

State

Zip

V. Essay

Indicate in a paragraph or two why you deserve to win this scholarship, how you plan to use the funds and how it would contribute to your education.

INTERVIEWS WILL BE CONDUCTED AT:
OHIO VALLEY BANK
328 Viand Street, Point Pleasant
July 18, 2024
(date is subject to change)

- **YOU WILL BE CONTACTED TO SET UP YOUR APPOINTMENT**
- **THERE WILL BE NO MAKE UP INTERVIEW DATES**
- **INTERVIEWS MUST BE CONDUCTED IN PERSON**
- **YOUR APPLICATION WILL BE VOID IF NO INTERVIEW IS CONDUCTED**

To Be Completed by Student

CERTIFICATION

I certify that all the information on these forms is true and correct to the best of my (our) knowledge. The Essay is my own work, and I received no assistance in writing it. If asked by any authorized representative of the Mason County Community First Fair Scholarship Advisory Committee, I (we) agree to give documentation for information given on this form. I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving any aid.

Applicant Signature

Date

Parent/Guardian or (Spouse) Signature

Date