



Canton Professional Educators' Association
1327 Market Avenue, N.
Canton, Ohio 44714

TO: NATHANIEL L. ROBERTS' SCHOLARSHIP APPLICANTS
FROM: SCHOLARSHIP COMMITTEE

The Canton Professional Educators' Association will award a \$2,000 scholarship (renewable for a second year for \$2,000) to two graduates of the Canton City High Schools. The recipients of the award will be announced the week of April 20, 2026, and both students and their parents/guardians will be honored at the CPEA Spring Banquet on Tuesday, May 5, 2026. The application form must be completed and received in the CPEA Office **no later than Thursday April 9, 2026.**

To be eligible for the scholarship, a student must:

- Be a graduating senior from the Canton City Schools.
- Have an overall accumulative grade point average of 3.0 or better.
- Submit ACT or SAT scores.

Be sure to complete all information requested on the application form. The Scholarship Committee must have:

1. The completed **TYPED (or legibly printed)** application form. (Add sheet if additional space is needed.)
2. An official transcript of grades.
3. Two (2) letters of recommendation (one letter from school personnel and one letter from a community activities advisor or work supervisor). Letters should be sent directly to the Canton Professional Educators' Association Scholarship Committee at the address listed below.
4. Essay: Include an essay of no more than 500 words, typed and double-spaced, on what you intend to achieve through higher education.

Return completed application (Items 1 through 4 above) **by Thursday, April 9, 2026** to:

Scholarship Committee
Canton Professional Educators' Association
1327 Market Ave., North
Canton, OH 44714

Phone: 330-455-2158

E-Mail: cpeaoffice@cpea.us

APPLICATION FOR THE NATHANIEL L. ROBERTS SCHOLARSHIP

NAME _____
Last _____ First _____ Middle _____

ADDRESS _____
Number _____ Street _____ City _____ Zip Code _____

PHONE _____ **E-MAIL:** _____

FATHER'S NAME _____ Living _____ Deceased _____ Divorced _____

NAME OF HIGH SCHOOL

Date of Graduation _____

HIGH SCHOOL ACTIVITIES (List activity (i.e., National Honor Society, etc.) and the number of years of participation in each; list offices held; list honors received; list prizes won.)

CPEA NATHANIEL L. ROBERTS SCHOLARSHIP

LIST ACADEMIC AWARDS OR HONORS:

LIST COMMUNITY ACTIVITIES and/or PARTICIPATION during your High School Years: i.e., church, scouts, volunteer work, etc. (List Activity and the number of years of participation in each; list the offices held; list honors received; list prizes won.)

EMPLOYMENT RECORD during your High School Years (If Applicable)

<u>Place of Employment</u>	<u>Position</u>	<u>Dates</u>	<u>Supervisor's Name</u>

WHAT IS YOUR CURRENT CUMULATIVE POINT AVERAGE? _____

WHAT IS YOUR CLASS RANK? _____

WHAT IS YOUR PROPOSED COLLEGE MAJOR?

CPEA NATHANIEL L. ROBERTS SCHOLARSHIP

HAVE YOU BEEN ACCEPTED BY ANY COLLEGE OR UNIVERSITY? _____
IF APPLICABLE, PLEASE LIST.

Name of Institution _____ Location _____

The following people have been asked to write letters of recommendation:

NAME	TELEPHONE NUMBER
1. _____	_____
2. _____	_____

I hereby apply for the Nathaniel Roberts' Scholarship Award. The information contained in my application is true to the best of my knowledge.

If selected, I agree to provide a letter of acceptance from my chosen school, and I agree to sign an "Acknowledgement of Scholarship Grant and Guarantee of Use For Intended Purpose Form".

Signature _____ Date _____

Date

Please be sure to submit all of the requested information. **(ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.)**

- 1. This completed application form.
- 2. An **official** transcript of grades.
- 3. Two (2) letters of recommendation.
- 4. Typed essay of no more than 500 words.

Return completed application (items 1 through 4 above) by **Thursday, April 9, 2026** to:

Scholarship Committee
Canton Professional Educators' Association
1327 Market Ave., North
Canton, OH 44714

CANTON PROFESSIONAL EDUCATORS' ASSOCIATION

NATHANIEL ROBERTS' SCHOLARSHIP RECOMMENDATION FORM

Please type or print

Recommendation For: _____

Signature _____ Date _____

Name (printed or typed) _____

Address

Return letter of recommendation by **Thursday, April 9, 2026** to:

Scholarship Committee

Canton Professional Educators' Association

1327 Market Ave., North

Canton, OH 44714