



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

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TO: **SAMUEL J. DORTO, JR. 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 a graduate of the Canton City High Schools enrolled in a Vocational or Trade Program. The recipient of the award will be announced the week of April 20, 2026, and the student and their parents/guardians will be honored at the CPEA Spring Banquet on Tuesday, May 5, 2026. The application form must be completed and returned to 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 2.5 or better.
- **BE ENROLLED IN A VOCATIONAL OR TRADE PROGRAM.**

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. One (1) letter of recommendation. Letters should be sent directly to the Canton Professional Educators' Association Scholarship Committee at the address listed below.
4. Essay: Include an essay of 200 words or more, typed and double-spaced, on what you intend to achieve by furthering your 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

## APPLICATION FOR THE SAMUEL J. DORTO, JR. SCHOLARSHIP

NAME \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

PHONE **1-800-555-1234** E-MAIL **info@sample.com**

**FATHER'S NAME** \_\_\_\_\_ **Living** **Deceased** **Divorced** \_\_\_\_\_

NAME OF HIGH SCHOOL

### Date of Graduation

## **WHAT IS YOUR TRADE OR VOCATIONAL PROGRAM?**

PERSONAL EXPERIENCES, HIGH SCHOOL ACTIVITIES (i.e., sports, Robotics Club, Drama, Speech, etc.), COMMUNITY ACTIVITIES (i.e., Church groups, scouts, etc.), and EMPLOYMENT HISTORY, and the number of years of participation in each)

## CPEA SAMUEL J. DORTO, JR. SCHOLARSHIP

LIST ACADEMIC AWARDS OR HONORS:

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WHAT IS YOUR CURRENT CUMULATIVE POINT AVERAGE? \_\_\_\_\_

WHERE DO YOU PLAN ON FURTHERING YOUR EDUCATION? \_\_\_\_\_

The following person has been asked to write a letter of recommendation:

NAME

TELEPHONE NUMBER

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I hereby apply for the **Samuel J. Dorto, Jr.** 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".

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Signature

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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. One (1) letter of recommendation.
- 4. Typed essay of 200 words or more.

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**  
**SAMUEL J. DORTO, JR. 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