



Canton Professional Educators' Association

1327 Market Avenue, N.

Canton, Ohio 44714

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

Phone: 330-455-2158

E-Mail: cpeaoffice@cpea.us

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

NAME _____
Last First Middle

ADDRESS _____
Number Street City Zip Code

PHONE _____ E-MAIL _____

FATHER'S NAME _____ Living ___ Deceased ___ Divorced ___

MOTHER'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)

Activity	Years

CPEA SAMUEL J. DORTO, JR. SCHOLARSHIP

LIST ACADEMIC AWARDS OR HONORS:

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

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".

Signature

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

SAMUEL J. DORTO, JR. SCHOLARSHIP RECOMMENDATION FORM

Please type or print

Recommendation For:_____

[illegible]

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