

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 22, 2024, and the student and their parents/guardians will be honored at the CPEA Spring Banquet on Monday, May 13, 2024. The application form must be **completed and returned** to the CPEA Office **no later than Wednesday, April 17, 2024**.

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.
- <u>BE ENROLLED IN A VOCATIONAL OR TRADE PROGRAM</u>.

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. <u>Letters should be sent directly to the Canton Professional Educators' Association Scholarship Committee at the address listed below.</u>
- 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 Wednesday, April 17, 2024 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

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	Number	Street	City		Zip Cod	e
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CPEA SAMUEL J. DORTO, JR. SCHOLARSHIP

LIST ACADEMIC AWARDS OR HONORS:	
WHAT IS YOUR CURRENT CUMULATIVE POINT A	AVERAGE?
WHERE DO YOU PLAN ON FURTHERING YOUR E	DUCATION?
The following person has been asked to write a letter of r	racommandation:
NAME	TELEPHONE NUMBER
I hereby apply for the Samuel J. Dorto, Jr. information contained in my application is to the selected, I agree to provide a letter of access and I agree to sign an "Acknowledgement of Use For Intended Purpose Form".	rue to the best of my knowledge. eptance from my chosen school,
Signature	Date
Please be sure to submit all of the requested information.	
☐ 1. This completed application form.	WILL BE CONSIDERED.)
☐ 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 Wednesday, April 17, 2024 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

mmendation For:		
Signature	Date	
Nome (minted on typed)		
Name (printed or typed)		

Return letter of recommendation by $Wednesday, April\ 17,\ 2024$ to:

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