



Ohio Wardens and Superintendents Association John Dean Scholarship Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ E-Mail Address: _____

Name of College / University you plan to attend or are currently attending:

Field of Study: _____

High School or College GPA: _____

Name of nominating OWSA Member: _____

By signing below, I understand and agree to abide by the terms of the OWSA John Dean Scholarship requirements and verify that all information that I have provided is accurate.

Signature: _____ Date: _____

Attachments: One page essay

One letter of recommendation from nominating OWSA member

Verification of your GPA (a letter from your professor and/or your most recent transcript).

Mail application and attachments to: OWSA

P.O. Box 770063

Lakewood, Ohio 44107