

**Streetsboro Alumni Association Scholarship**  
**(2008-2009)**

The Streetsboro Alumni Association will award one \$250.00 scholarship to a graduating senior of the Streetsboro High School Class of 2009. There are two (2) criteria for the award of this scholarship and both conditions must be met:

1. At least one parent or legal guardian has to be a **lifetime** member of the Streetsboro Alumni Association. Streetsboro Alumni Association **lifetime** membership form follows on page three (3) of this application.

AND

2. The student applicant must graduate with his/her class.

The scholarship can be used for any purpose. One applicant will be selected at random for the award of this scholarship.

Scholarship applications are due in the Streetsboro Alumni Association post office box **by 3:00 p.m. on Wednesday, April 8, 2009**. Please mail the Streetsboro Alumni Association Scholarship Application to:

Streetsboro Alumni Association  
PO Box 2591  
Streetsboro OH 44241-0591

**Streetsboro Alumni Association Scholarship**

**(2008-2009)**

Name of Applicant: \_\_\_\_\_  
(Please print)

Address of Applicant: \_\_\_\_\_  
(Street) (Apt #)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Telephone Number: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_  
(Please print)

Is at least one parent or legal guardian a lifetime member of the  
Streetsboro Alumni Association?     Yes                       No

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

MR.    MS.    MRS.    MISS    DR.

\_\_\_\_\_  
First name/ middle name/ last name

\_\_\_\_\_  
Maiden name (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/ State/ ZIP

\_\_\_\_\_  
Home telephone

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Business name

\_\_\_\_\_  
Business address

I am a graduate of Streetsboro High School

Year \_\_\_\_\_

I am not a graduate of Streetsboro High School,  
but I am a Teacher/Administrator in Streetsboro  
Schools

I am not a graduate of Streetsboro High School,  
but I am a citizen of Streetsboro

My dad/ mom is a graduate of Streetsboro High

Year \_\_\_\_\_

My son/ daughter is a graduate of Streetsboro High

Year \_\_\_\_\_

**Annual Dues:**

- Students \$1.00
- Members \$5.00

**Life Membership Dues:**

- \$25.00 **payable in full**

Please make your check or money order payable to **Streetsboro Alumni Association**. Our fiscal year is July 1 through June 30.

\_\_\_\_\_  
Signature Date

**Membership Card Benefits:**

- Alumni Newsletter
- Reduced admissions to Athletic Events & Performing Arts Shows on the Streetsboro High School Campus

**Opportunities for Participation:**

- Alumni Hall of Fame
- Gifts and Endowments
- Campus Activities and Events
- Mentoring for Students
- Alumni Board of Directors
- Community Interaction
- Alumni Scholarship Fund

***Thank you for your support of the  
Streetsboro Alumni Association***



Complete this form and mail it along with a check or money order for \$25.00 to:  
Streetsboro Alumni Association  
PO Box 2591  
Streetsboro OH 44241-0591