



OCHS ALUMNI & FRIENDS FOUNDATION, INC.

PO Box 1314

ORANGE, VIRGINIA 22960

Established 2019

ochsalumniandfriendsfoundation.com | info@ochsalumniandfriendsfoundation.com

Additional Semester Scholarship Application

APPLICANT

Name: _____ **OCHS Graduation Year:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Cell: _____

School: _____

Student ID: _____

Field of Study: _____

Previous Semester Grade Point Average (GPA): _____

COURSES

1. Course Name: _____ **Course Number:** _____ **Course Grade:** _____

2. Course Name: _____ **Course Number:** _____ **Course Grade:** _____

3. Course Name: _____ **Course Number:** _____ **Course Grade:** _____

4. Course Name: _____ **Course Number:** _____ **Course Grade:** _____

5. Course Name: _____ **Course Number:** _____ **Course Grade:** _____

6. Course Name: _____ **Course Number:** _____ **Course Grade:** _____

Personal Interview will be required.

Signature: _____

“Giving Back Through Scholarships”