

FRANKLIN B. WALTER AWARD APPLICATION FORM

The *Franklin B. Walter All-Scholastic Award Program* was established by the Ohio Educational Service Center Association (OESCA) to promote and recognize outstanding academic achievement. One ESC-nominated senior per Ohio county is eligible to receive this honor each spring. The student (and guests) will be invited to attend a special recognition luncheon. Return application to your guidance counselor by FEBRUARY 5, 2025.

| Applicant Name: | F | hone: | E-mail: | |
|---|--------------------------|---|---|--|
| Parent(s) Name: | | | Phone: | |
| Home Address: | | | | |
| City: | | | Zip: | |
| School District: | | | | |
| District Superintendent: | | | | |
| Superintendent Address: | | | | |
| High School: High School Principal: | | | | |
| High School Address: | | | | |
| | | | | |
| | Local School Exemp | oted Village 🗌 Vocational | /Career Tech STEM school | |
| County: | | | | |
| Educational Service Center: | | | | |
| Future Plans | College/Univ.: | | Major: | |
| | | | | |
| | | | | |
| | Work: | | | |
| | | | | |
| Please answer the following on a separate sheet: Activities List extracurricular or community activities including class offices held, student | | | | |
| Activities | | , | | |
| | - | letics, music/theater, churc | h activities. List specific year for | |
| Aurordo | each item. | received siving energificate | are and reasons for each item | |
| | | | ears and reasons for each item. | |
| Goals Essay | | nal, and/or personal goals. | ment about your short- and long- | |
| | term academic, professio | nai, anu/or personai goais. | | |
| Applicant Signature: | | | Date: | |
| | | | | |
| THIS SECTION TO | O BE COMPLETED BY GUID | DANCE COUNSELOR | | |
| Guidance Counselor Name: Phone: | | | | |
| | | # of days of school | plane of missed in the past 2 years: | |
| Standardized Test: | | | bi missed in the past 2 years. | |
| Standardized Test: | | Score: | | |
| Standardized Test: Score: Applicant Grade Point Average: Applicant Class Rank: | | | | |
| Counselor Signature: | | | | |
| Counselor Signature: Date: | | | | |
| Please attach a transcript of applicant's grades for the first seven semesters of high school. Guidance counselors | | | | |
| or principals should forward your high school's Franklin B. Walter nominee application to your county's | | | | |
| Educational Service Center Superintendent no later than February 21, 2024. | | | | |
| Reviewer 1 Initials Reviewer 2 Initials Reviewer 3 Initials | | | | |
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