

OFLA Camp Scholarship Application Form



Student Name _____

Why would you like to attend a foreign language camp?

Please forward (1) a copy of the OFLA Camp Application Form and (2) this form to a teacher, counselor, or principal to fill out and mail.

Recommender's name _____ Phone number_(_____)_____

Relationship to student _____ E-mail _____

Please comment on the following:

- Student's school work (in foreign language if applicable)

- Student's participation in activities

- Student's character

- Student's financial need

Recommender, questions may be sent to scholar@ofla-online.org

Please submit the student's OFLA CAMP APPLICATION FORM and this form to:

Mrs. Stacy Knipp, OFLA Scholarship Chair
Union Scioto High School
14193 Pleasant Valley Road
Chillicothe, OH 45601
MUST BE RECEIVED BY May 1, 2009