



**Ohio Endowment**

## **Ohio FCCLA Endowment**

### *Scholarship Reimbursement Form*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

College/University \_\_\_\_\_ Major \_\_\_\_\_

**1. Attach transcript or copy of grade card to this form. (required)** Minimum of 2.0 for quarter/semester required

**2. Choose a method of payment.**

\_\_\_\_\_ A. Payment sent directly to university (\$500)

University \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ B. Payment sent directly to you (*attach all receipts*)

**Submit by FEBRUARY 1**

Submit to: [Ohiofcclaendowment@ohiofccla.org](mailto:Ohiofcclaendowment@ohiofccla.org)

25 S. Front Street #611  
Columbus, Ohio 43215

Office: 614.466.5718  
Fax: 614.644.6720