

*OTTAWA COUNTY COMMUNITY FOUNDATION*

**Burton D. Morgan Entrepreneurial Scholarship**

**PURPOSE:**

The Burton D. Morgan Foundation is providing scholarships through the Ottawa County Community Foundation to provide educational scholarships to individuals who desire to complete training/coursework to enhance their entrepreneurial goals. Training may include coursework to acquire new skills relevant to the applicant’s entrepreneurial endeavors or update/renew/expand job skills necessary to be successful with your planned enterprise.

**QUALIFICATIONS FOR ELIGIBILITY:**

1. Applicant must be age 18 or over and a resident of Ottawa County or an individual who is opening a business or has a business in Ottawa County, Ohio.
2. Have a written business plan for an entrepreneurial enterprise.
3. Desire to obtain educational training to further your entrepreneurial goals.

**HOW TO APPLY:**

1. Complete the scholarship application form below.
2. Mail all application materials to: Dave Slosser, Scholarship Chairman, 4411 East Harbor’s Edge Dr., Port Clinton, OH 43452. Do not bind or staple the application. Direct questions to Dave Slosser at 419-271-2752 or [sloss@cros.net](mailto:sloss@cros.net).

**Application**

Name of Applicant \_\_\_\_\_  
(Last) (First) (MI)

Home Address \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

E-mail \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

1. Date of high school graduation or GED completion. \_\_\_\_\_

2. List any advanced education/training you have received beyond high school.

School	Training/coursework

3. Attach a one-page essay that explains your entrepreneurial goals and explain how this scholarship would benefit your entrepreneurial spirit and desire to succeed.

4. Name and address of school/college you plan to attend.

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5. Identify the program of study, coursework, or training in which you will enroll.

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6. Date your coursework begins. \_\_\_\_\_

7. Amount you are requesting to complete this training/coursework. \$\_\_\_\_\_

8. Share any additional information you feel would be pertinent to your application.

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I hereby certify that the information provided on this application is true and correct. I agree, if requested, to provide the Ottawa County Community Foundation with any additional information needed to determine my qualifications for this scholarship. If I become a scholarship recipient, and if requested by the Ottawa County Community Foundation, I agree to furnish reports which can be used to determine my academic progress and use of scholarship funds. Also, I give my permission to Ottawa County Community Foundation, Inc. to release any pertinent information for publicity purposes.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_