



**STRONGSVILLE HISTORICAL SOCIETY
2026 SCHOLARSHIP APPLICATION**

**SUBMIT APPLICATIONS DIRECTLY TO STRONGSVILLE HISTORICAL SOCIETY
ALL APPLICATIONS MUST BE RECEIVED BY MARCH 29, 2026**

*Preserving and interpreting the history, significance, and traditions of the
Strongsville area*

GENERAL INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

High School Currently Attending: _____

GPA: _____

College/University You Plan to Attend: _____

Intended Major(s): _____

Intended Minor(s): _____

Areas of History/Social Studies You Plan to Study: _____

Parent/Guardian Name(s): _____

Are your parents/guardians members of the Strongsville Historical Society? Yes No

REQUIRED SECTIONS

Please complete all sections below:

- High School Activities
 - Community & Volunteer Activities
 - Strongsville Historical Society Activities
 - Work Experience
 - Essay
-

HIGH SCHOOL ACTIVITIES

Activity 1

Activity Name: _____

Advisor/Contact Person: _____

Phone Number: _____

Years of Participation: 9th 10th 11th 12th

Officer Position(s) Held: _____

Activity 2

Activity Name: _____

Advisor/Contact Person: _____

Phone Number: _____

Years of Participation: 9th 10th 11th 12th

Officer Position(s) Held: _____

Activity 3

Activity Name: _____

Advisor/Contact Person: _____

Phone Number: _____

Years of Participation: 9th 10th 11th 12th

Officer Position(s) Held: _____

** Attach an additional sheet if needed.*

COMMUNITY & VOLUNTEER ACTIVITIES

Activity 1

Activity Name: _____

Advisor/Contact Person: _____

Phone Number: _____

Years of Participation: 9th 10th 11th 12th

Leadership Position(s) Held: _____

Activity 2

Activity Name: _____

Advisor/Contact Person: _____

Phone Number: _____

Years of Participation: 9th 10th 11th 12th

Leadership Position(s) Held: _____

Activity 3

Activity Name: _____

Advisor/Contact Person: _____

Phone Number: _____

Years of Participation: 9th 10th 11th 12th

Leadership Position(s) Held: _____

Activity 4

Activity Name: _____

Advisor/Contact Person: _____

Phone Number: _____

Years of Participation: 9th 10th 11th 12th

Leadership Position(s) Held: _____

** Attach an additional sheet if needed.*

STRONGSVILLE HISTORICAL SOCIETY ACTIVITIES

Activity 1

Activity Name: _____

Contact Person: _____

Years of Participation: 9th 10th 11th 12th

Leadership Position(s) Held: _____

Responsibilities: _____

Activity 2

Activity Name: _____

Contact Person: _____

Years of Participation: 9th 10th 11th 12th

Leadership Position(s) Held: _____

Responsibilities: _____

Activity 3

Activity Name: _____

Contact Person: _____

Years of Participation: 9th 10th 11th 12th

Leadership Position(s) Held: _____

Responsibilities: _____

Activity 4

Activity Name: _____

Contact Person: _____

Years of Participation: 9th 10th 11th 12th

Leadership Position(s) Held: _____

Responsibilities: _____

** Attach an additional sheet if needed.*

WORK EXPERIENCE

Position 1

Place of Work: _____

Job Title: _____

Average Hours per Week: _____

Responsibilities: _____

Position 2

Place of Work: _____

Job Title: _____

Average Hours per Week: _____

Responsibilities: _____

Position 3

Place of Work: **Place of Work:** _____

Job Title: _____

Average Hours per Week: _____

Responsibilities: _____

Position 4

Place of Work: _____

Job Title: _____

Average Hours per Week: _____

Responsibilities: _____

** Attach an additional sheet if needed.*

ESSAY REQUIREMENT

Please attach an essay of no more than 500 words explaining what preserving history means to you and how the preservation of history contributes to society.

APPLICATION CHECKLIST

- Completed application
 - Essay response
 - One letter of recommendation
 - Unofficial transcript
 - Optional: Additional activity/work experience sheets
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SIGNATURES

I certify that the information provided in this application is accurate to the best of my knowledge. I authorize the Strongsville Historical Society to verify the information provided and understand that scholarship awards are made at their sole discretion. I agree to the use of my name if selected as a scholarship recipient.

Applicant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Mail completed application packets to:

Strongsville Historical Society
Attn: Scholarship Committee Chair
13305 Pearl Rd.
Strongsville, OH 44136

Or email completed application packets to: strongsvillehistorical@gmail.com

All applications must be received by March 29, 2026.