

East Central PA

ODYSSEY OF THE MIND

Scholarship Application Form (2024-2025)

Applicant's Name: _____ Current School: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Phone: _____

Letter of Recommendation Name: _____ Relationship: _____

Please attach letter of recommendation to the application.

Odyssey of the Mind Team Participation (attach other sheets as necessary)

Year	School	Problem	Division	Coach Name	Comments

Odyssey of the Mind Volunteerism If Applicable (attach other sheets as necessary)

Year	Region	Position	Comments

What school are you planning to attend? _____

Have you been accepted? _____ **When will you attend?** _____

Tell us anything else you think we should know about your application: _____

Applicant's Signature: _____ **Date:** _____