

**DR. ODRA BRADLEY MEMORIAL SCHOLARSHIP
APPLICATION**

Criteria: OPS student; Top 1/2 of class; Two letters of recommendation; Character; post-secondary education with preference to education and 1st semester transcript.

Name: _____

Address: _____ **City** _____ **State:** _____

Parent: _____

High School Information:

School Attending: _____

GPA: _____ **ACT Score:** _____

High School Honors and Activities:

Accepted at Post-Secondary School: Yes _____ **No** _____

Post-Secondary School: _____

Major: _____

Attached: School and Community Activities