



# Bill O'Dell Legacy Scholarships

**Name:**

**D.O.B:**

**Phone:**

**Email:**

**Parent/Guardian Name:**

**Parent/Guardian Phone:**

**Parent/Guardian Email:**

**Current School & Grade:**

**Which Scholarship:**  Legacy  Legacy Ascend

**How did you learn about this scholarship opportunity?**

\*\* Please complete this form, and attach with all supporting documentation. Failure to complete any part of the application, the video series and its pre/post quizzes may result in disqualification.\*\*

For more details on the video series and its requirements check out our website.

- Legacy Scholarship: <https://www.putnamwellnesscoalition.org/scholarship-programs>
- Legacy Ascend Scholarship: <https://www.putnamwellnesscoalition.org/copy-of-bill-o-dell-legacy-scholarship>

Once complete, please print the pre/post quiz results, this application, your completed essay, and the letters of recommendation to: Putnam Wellness Coalition-P.O. Box 450 Hurricane, WV 25526. All entries must be postmarked by March 15<sup>th</sup> 2023.

**Questions or concerns? Email Cathy Schrader: [executivedirector@regionalfrn.org](mailto:executivedirector@regionalfrn.org)**