

# Ernie Liska Memorial Scholarship 2025 Application

*Applicants shall be current residents of the City of Akron who are graduating from an accredited high school administered by Akron Public Schools.  
Awards are granted without regard to race, color, ethnicity, gender, national origin, religion, disability, or sexual orientation.*

## Submission

- **Compilation** Applications may be hand written or word-processed, then submitted in paper form. Attach additional papers if needed, with the applicant's name printed at the top.
- **Deadline** Applications must be submitted no later than 4 p.m. on Thursday, April 10, 2025. Applications received after this deadline will not be considered for the scholarship.

### A. Personal Information:

Name: \_\_\_\_\_  
                        first  middle  last

Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Applicant's Employment: (where, how long, approximate hours per week)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### B. High School Information:

I am currently enrolled at \_\_\_\_\_ High School and expect to graduate on \_\_\_\_\_.

**C. College, University, or Vocational/Trade School Information:**

List all colleges, universities, or vocational/building trades programs to which you have applied and/or have been accepted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I intend to major in: \_\_\_\_\_

Degree or Certificate sought: Bachelor\_\_\_ Associate\_\_\_ Certificate\_\_\_

I plan to enroll: Full-time\_\_\_ Part-time\_\_\_ I plan to work: Full-time\_\_\_ Part-time\_\_\_ Not work\_\_\_

**D. Financial Information:**

Number of children in the family (including yourself) \_\_\_\_\_

Their ages \_\_\_\_\_

Number of children currently in college, university, or vocational/building trades program who are supported by the family \_\_\_\_\_

Parents' Occupation(s): \_\_\_\_\_

Family Income (from all sources): *(please mark the appropriate level; request assistance from family members for this information)*

\_\_\_under \$20,000 \_\_\_\$20,000-\$35,000 \_\_\_\$35,000-\$50,000 \_\_\_\$50,000-\$75,000 \_\_\_over \$75,000

How do you plan to finance your tuition, room and board, books, and fees?

*(Please explain any extenuating circumstances in your family which you feel should be considered by the scholarship committee.)*

Applicant's Name \_\_\_\_\_

**E. Personal Experiences:** *(attach additional papers if needed)*

1) List any school or non-school activities, clubs, sports, and/or organizations in which you have participated. Indicate any leadership positions held or honors achieved.

2) List your community and /or extracurricular volunteer experiences and explain what you valued or learned from these experiences.

**F. Essay:** *(attach additional papers if needed)*

Ernie Liska's life was a model of service to his church, his family, his community, and his country – see attached biography. Please tell us in approximately 500-750 words what type of service inspires you and how your career will provide you the opportunity to serve others in your community.

# 2025 APPLICATION

## Application Checklist

All documents below must be included with application unless otherwise noted.

Include with application	Instructions	Check if included
Official High School Transcript	You must <u>also</u> provide your ACT score or your SAT score, if available.	
Two letters of recommendation	Ask a teacher, community leader, religious leader, or employer for a letter of recommendation. <u>We cannot accept recommendations from friends or family members.</u>	

### Signature:

I certify that all statements in this application are true and correct.

\_\_\_\_\_

*print applicant name*

\_\_\_\_\_

*signature*

\_\_\_\_\_

*date*

### Permission for release of information:

I, \_\_\_\_\_, grant permission to the Ernie Liska Memorial  
*applicant's name*

Scholarship Committee to request information from \_\_\_\_\_  
*name of high school*

pertaining to my academic performance, grade transcript, and/or financial aid.

\_\_\_\_\_

*Applicant's signature OR guardian's signature if applicant is a minor*

\_\_\_\_\_

*Date*

# 2025 APPLICATION

**Additional Information**

*\*\* Do not submit this page \*\**

**A selection committee will review applications.  
The decision of the selection committee is final.**

**Application Deadline: 4 p.m. on Thursday, April 10, 2025**

**All required documents must be enclosed along with your application.  
Incomplete application submissions will not be considered.**

*Please retain a copy of this application and any other materials you may need for your records, as we are unable to return documents to applicants. Please do not send any additional paperwork separately. Make sure your name is printed clearly on all pages of your application, especially if you include additional pages.*

**Mail the completed application to:** Ernie Liska Memorial Scholarship  
c/o Holy Trinity Lutheran Church  
Attention: Anmarie Demko  
50 N. Prospect Street  
Akron, OH 44304

**Scholarship Timeline:**

Scholarship Program Begins: January 20, 2025

Application Period: February 1 to April 10, 2025

*All applications must be received in the office of  
Holy Trinity Lutheran Church  
50 N. Prospect Street, Akron, OH 44304*

*no later than 4 p.m. on Thursday, April 10, 2025*

Award Announcement: May 5, 2025  
All applicants will be notified of the award results.