



2024 Nick Tacony Innovation Scholarship Application

Applicant's Name: _____

Name of Tacony Retailer/Distributor: _____

Relationship to Tacony Retailer/Distributor (i.e. employee or dependent of employee):

Date of Birth: _____

Address: _____

Telephone Number: _____

Email Address: _____

What school will you be attending as of Fall 2024?

I will be entering the above-mentioned school as a (check one):

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Other

Grade Point Average (GPA) during the applicant's career at his or her current educational institution: _____ (on a 4.0 grading scale)

(Please attach recent official school transcript as proof of GPA)

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the Tacony Scholarship Selection Committee and Scholarship donor(s). I affirm that all of this Application, including the personal statement and essay, is my own work or formally cited if from other sources.

Signature: _____ Date: _____

Please prepare a 250-word minimum personal statement indicating your career goals and why you feel you should be selected for this Scholarship.

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