



440.238.5778
PO Box 361160
Strongsville, OH 44136
www.theseffoundation.org

KEVIN W. GAFFNEY MEMORIAL SCHOLARSHIP

IN HONOR OF
Our Boss, Friend, & Brother

KWG

What we can accomplish together
is much greater than what we
can accomplish alone.



PLEASE SEND ALL REQUESTED INFO TO:

**Strongsville Education Foundation
Scholarship Committee
P.O. Box 361160
Strongsville, Ohio 44136**

(Postmarked by March 29, 2024)

A scholarship in the amount of \$1,500 will be awarded to (4) Strongsville High School senior student athletes, payable upon commencement of first semester. **The scholarship will be awarded to selected senior student athletes based on essay submissions.**



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Applicant's Name _____
Last First Middle

Home Address _____
Street Address

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Please list all Strongsville HS Sports teams that you are on and number of years that you've participated:

Please list any in school and out-of-school activities, special recognitions or honors you received while attending Strongsville HS:

List any circumstances that the scholarship committee should know when evaluating your request:



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Please attach a short essay (350 to 500 words) answering the following:

If no one did anything, nothing would get done. At INFINIUM, we believe that success is related to energy and doing, and that sometimes you learn more from failure than you do from success.

Tell us about a time that you failed, and how you reacted to it. What did you learn from this failure and how did you overcome it? Tell us your unique story, starting with an introduction about yourself, your background and what failure and success means to you.

Recipients will be announced at the Strongsville High School Senior Salute.

Accuracy of Information

I hereby attest that all information contained on this Application is true to the best of my knowledge.

Applicant's Signature: _____

Parent/Guardian Information (alternate contact): _____

Name: _____

Address (if different than Applicant): _____
Street Address

City _____ State _____ Zip Code _____

Phone: _____

Parent/Guardian Signature: _____

Date: _____