



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: putnamwellness.org/bill-o-dell-legacy-scholarship/
- Legacy Ascend Scholarship: putnamwellness.org/bill-odell-legacy-ascend-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 April 15th 2024.

Questions or concerns? Email Evan Young: Evan@regionalfnrn.org