



## *Canton Professional Educators' Association*

*1327 Market Avenue, N.*

*Canton, Ohio 44714*

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TO: SAMUEL J. DORTO, JR. SCHOLARSHIP APPLICANTS  
FROM: SCHOLARSHIP COMMITTEE

The Canton Professional Educators' Association will award a \$2,000 scholarship (renewable for a second year for \$2,000) to a graduate of the Canton City High Schools **enrolled in a Vocational or Trade Program.** The recipient of the award will be announced the week of April 21, 2025, and the student and their parents/guardians will be honored at the CPEA Spring Banquet on Monday, May 12, 2025. The application form must be **completed and returned** to the CPEA Office **no later than Thursday, April 10, 2025.**

To be eligible for the scholarship, a student must:

- Be a graduating senior from the Canton City Schools.
- Have an overall accumulative grade point average of 2.5 or better.
- **BE ENROLLED IN A VOCATIONAL OR TRADE PROGRAM.**

Be sure to complete all information requested on the application form. The Scholarship Committee must have:

1. The completed **TYPED (or legibly printed)** application form. (Add sheet if additional space is needed.)
2. An official transcript of grades.
3. One (1) letter of recommendation. Letters should be sent directly to the Canton Professional Educators' Association Scholarship Committee at the address listed below.
4. Essay: Include an essay of 200 words or more, typed and double-spaced, on what you intend to achieve by furthering your education.

Return completed application (Items 1 through 4 above) **by Thursday, April 10, 2025** to:

Scholarship Committee  
Canton Professional Educators' Association  
1327 Market Ave., North  
Canton, OH 44714

**Phone: 330-455-2158**

**E-Mail: [cpeaoffice@cpea.us](mailto:cpeaoffice@cpea.us)**



**CPEA SAMUEL J. DORTO, JR. SCHOLARSHIP**

LIST ACADEMIC AWARDS OR HONORS:

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WHAT IS YOUR CURRENT CUMULATIVE POINT AVERAGE? \_\_\_\_\_

WHERE DO YOU PLAN ON FURTHERING YOUR EDUCATION? \_\_\_\_\_

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The following person has been asked to write a letter of recommendation:

NAME TELEPHONE NUMBER

\_\_\_\_\_

I hereby apply for the **Samuel J. Dorto, Jr.** Scholarship Award. The information contained in my application is true to the best of my knowledge.

If selected, I agree to provide a letter of acceptance from my chosen school, and I agree to sign an "Acknowledgement of Scholarship Grant and Guarantee of Use For Intended Purpose Form".

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please be sure to submit all of the requested information. **(ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.)**

- 1. This completed application form.
- 2. An **official** transcript of grades.
- 3. One (1) letter of recommendation.
- 4. Typed essay of 200 words or more.

Return completed application (items 1 through 4 above) **by Thursday, April 10, 2025** to:

Scholarship Committee  
Canton Professional Educators' Association  
1327 Market Ave., North  
Canton, OH 44714

