TO BE COMPLETED BY APPLICANT

(Please Print with BLACK or BLUE Ink or Type.)

SECTION 1

Applicant's Name _____

Address _____

City _____ State _____ ZIP _____+_____

Phone Number (_____)_____ Cellphone Number (_____)_____

Personal Email Address _____

Date of Birth _____/_____/_____ Graduation Date _____/_____/_____

What activities (or employment) have you participated in while in high school? (Years/Description)

_____

_____

_____

List any offices held and/or honors received in these activities.

_____

_____

_____

List any academic honors you have received.

_____

_____

_____

Indicate Universities, Colleges, Business or Technical Schools you have applied to for acceptance or have been accepted to, any grants and/or scholarships awarded.

_____

_____

_____

List your Proposed Major/future goals. _____

_____

_____

Signature of Applicant _____ Date _____/_____/_____

All essays written as part of the OAPSE/AFSCME Memorial Scholarship application process become property of OAPSE/AFSCME. OAPSE/AFSCME retains the right to reprint some or all of the winning essays on the OAPSE/AFSCME website or in other union publications and to identify the authors of the winning essays. OAPSE/AFSCME also reserves the right to reprint, describe or excerpt these essays in other publications or to assign that right to others.

Signature of Applicant _____ Date _____/_____/_____

DO NOT FOLD

TO BE COMPLETED BY OAPSE/AFSCME PARENT OR LEGAL GUARDIAN

SECTION 2

(Please Print with BLACK or BLUE Ink or Type.)

Name _____

Address _____

City _____ State _____ ZIP _____+_____

Home Phone Number (_____)_____ Cellphone Number (_____)_____

Personal Email Address _____

Employer: _____

School Phone Number: (_____)_____

OAPSE Local #_____ OAPSE/AFSCME District _____

Relationship (Check one): _____ Parent _____ Legal Guardian

Signature of OAPSE/AFSCME Parent/Legal Guardian _____

Date _____/_____/_____

PROOF OF MEMBERSHIP - *Attach a COPY of your current OAPSE/AFSCME Membership Card below.*

DO NOT FOLD

TO BE COMPLETED BY HIGH SCHOOL

(Please Print with BLACK or BLUE Ink or Type.)

SECTION 3

Applicant's Name _____

Dear School Representative:

This student is an applicant for a scholarship awarded by the Ohio Association of Public School Employees. As an aid in the selection process, it is necessary that the OAPSE/AFSCME Memorial Scholarship Foundation Committee receive information regarding the student's character, ability and performance in this High School Report (additional paper may be used, if necessary). The information will be used only by the selection committee. It is important that this section be completed and returned to the applicant as soon as possible so that the applicant has sufficient time to submit the entire application to the selection committee **no later than March 1**. Thank you.

Name of School _____

Address _____

City _____ State _____ ZIP _____+_____

School Telephone Number (_____)_____-_____ Ext. _____

Name of the Person rating this student _____

Relationship (e.g. principal, counselor, teacher, etc.)_____

If teacher, please state subject _____ Length of Relationship _____

What is your general evaluation of this student? _____

_____

_____

Sometimes special circumstances should be considered when evaluating a student's achievement record and test scores. Please specify. _____

_____

_____

Student's cumulative (GPA) _____ Class Size _____ Class Ranking _____

Student's Highest Scholastic Aptitude Test (SAT) Score _____ OR Student's Highest American College Test (ACT) Score _____

Please attach the following REQUIRED items to this application:

A. An Official Copy of the student's High School Transcript and 12th Grade Report Card which includes the 1st semester/trimester of the 12th grade.
B. An explanation of the Grading System used.
C. Information if student is taking college courses.
D. Two Letter(s) of Recommendation are required. *(Only ONE of the TWO required Letters of Recommendation must be prepared by a Representative from the High School as noted previously. It is the applicant's option whether the school provides BOTH.)*

Signature of School Representative _____ Date _____/_____/_____

DO NOT FOLD

HOW WILL THE SELECTION BE MADE?

The OAPSE/AFSCME Memorial Scholarship Selection Committee will thoroughly examine all applications and supportive documentation materials submitted by each scholarship applicant. The selection committee will then choose the ten (10) scholarship recipients and announce the winners shortly thereafter. Every applicant will be notified in writing of the outcome of the selection process. Please do not call the OAPSE/AFSCME State Office. The decisions of the selection committee are final.

Checklist

(Use this checklist to complete your application.)

- ❑ I have completed, signed the two locations and enclosed the "To Be Completed By The Applicant" section (marked as Section 1) of this application.
- ❑ My Parent/Legal Guardian has completed and I have enclosed the signed "To Be Completed By The OAPSE/AFSCME Parent/Legal Guardian" section (marked as Section 2) of this application. Attached to Section 2 is my Parent's/Legal Guardian's current OAPSE/AFSCME Membership Card.
- ❑ I have enclosed the TWO REQUIRED Letters of Recommendation. (Only ONE of the TWO required Letters of Recommendation **must be** prepared by a Representative from the High School as noted previously. It is the applicant's option whether the school provides BOTH.)
- ❑ A Representative from my high school has completed and I have enclosed the signed "To Be Completed By The High School" section (marked as Section 3) of this application which includes my G.P.A., my highest SAT score or ACT score and my class ranking, and attached to that section are the following: **A) an Official Signed Copy of my High School Transcript including the 1st semester/trimester of the 12th grade; B) an Explanation of the grading system used; C) Information on any college level courses taken; and D) at least ONE Letter of Recommendation. The above listed supportive documents are all enclosed.**
- ❑ I have enclosed the essay I have written (according to the instructions) on the subject of "How OAPSE/AFSCME Has Been a Part of Our Family's Life."
- ❑ I have enclosed a recent photograph for publication on the OAPSE website, should I be selected.
- ❑ I have retained a copy of the completed application for my files.

Important

Your application and all supportive documentation materials must be submitted to the selection committee **in ONE envelope.** Applications will not be considered complete if materials are sent separately.

Applications must be postmarked **no later than March 1.**

MAIL TO: ***OAPSE/AFSCME Memorial Scholarship Foundation Program***
6805 Oak Creek Drive
Columbus, OH 43229-1591

DO NOT MAIL. KEEP THIS PORTION FOR YOUR RECORDS.