**OAACE Member Scholarship Application**

**Eligibility:**

1. Be a resident of Ohio
2. Member of OAACE for at least one (1) year
3. Will enroll in postsecondary education or training within six months of receiving the scholarship.

**Application Instructions**

**Application must be emailed by Friday, October 11th, 2024.**

**Complete all sections of the application and submit to:**

Christina Miller, OAACE Scholarship & Awards Chair

 Phone: 330-729-4000, extension 1417
 Email: christina.miller@mahoningctc.com

**Contact Christina by email with any questions.**  **Email;** christina.miller@mahoningctc.com
Notifications will be sent by email on Thurs., October 17 th.

**Application checklist:**

* Complete application form
* Personal comments
* Two (and only two) letters of recommendation
* Photograph/headshot of applicant

# OAACE Member Scholarship Application

**Personal Information:** Name:

Address:

Telephone (mobile):

Telephone (home):

Email address:

Length of OAACE membership:

**Educational Background:**

1. High school/ GED Graduation Date:
2. College/ University Graduation Date (if applicable):
3. Name of College/ University (if applicable):
4. Degree(s) earned and/or Program of Study (if applicable):

**Employment:** Employer:

Position or job:

**Educational Plans:**

Please note, the scholarships are not cash awards, but may be used for tuition, books, and related supplies at any adult vocational school, two or four-year state certified colleges or universities.

1. College, university, or training program you plan to attend:
2. Location or campus:
3. Course of study:
4. Starting date:

# OAACE Member Scholarship Application

**Personal Comments:**

Please write a statement stating:

1. Your educational goals/future plans
2. Your work experience in adult education (paid or volunteer) 3. Why you believe you are a strong candidate for this scholarship.

4. How this scholarship will benefit you, your students, etc.

# OAACE Member Scholarship Application

**Letters of Recommendation:**

Two, and only two, letters of recommendation must be attached to this application.

**Signature and Verification:**

The information submitted on this application is true and complete. I grant permission to the OAACE Scholarship Committee to verify such information and contact the listed agencies.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_