**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 postmarked/emailed by August 17, 2018. Complete all sections of the application and submit to: Cindy Wolfe, Aspire Coordinator**

**Delaware Area Career Center  
 4565 Columbus Pike  
 Delaware, OH 43015**

Contact Cindy with any questions at (740) 203-2267 or by email at: [wolfe@delawareareacc.org](mailto:wolfe@delawareareacc.org) .

**Application checklist:**

* Complete application form
* Personal comments
* Two (and only two) letters of recommendation

**Personal Information:**

Name:

Address:

Telephone (mobile):

Telephone (home):

Email address:

Length of OAACE membership: \_\_\_\_\_years

**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):

**Educational Plans:**

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

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

**Employment:**

Employer:

Position or job:

**Personal Comments:**

On an accompanying sheet of paper, please write a statement of not more than 250 words stating:

1. Your educational goals
2. Honors or special recognition you’ve received
3. Work experience (paid or volunteer)
4. Why you believe you are a strong candidate for this scholarship.

**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** \_\_\_\_\_\_\_\_\_\_\_\_