



## OAAACE Member Scholarship Application

### Eligibility:

1. Be a resident of Ohio
2. Member of OAAACE 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 **September 10, 2021**. Complete all sections of the application and submit to: **Cindy Wolfe, Aspire Coordinator**

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
- Photograph/headshot of applicant



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## Personal Information:

Name:

Address:

Telephone (mobile):

Telephone (home):

Email address:

Length of OAAACE membership:

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## 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):
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## Employment:

Employer:

Position or job:

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## 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 program you plan to attend:
2. Location or campus:
3. Course of study:
4. Starting date:



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## 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.



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### Letters of Recommendation:

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

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### 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 \_\_\_\_\_