

OAAACE MEMBER SCHOLARSHIP APPLICATION

2022-2023



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 (6) months of receiving the scholarship.

APPLICATION INSTRUCTIONS

Application must be postmarked or emailed by **September 23, 2022**. Complete all sections and submit with attachments to:

Emily Hartzler, OAAACE President
c/o Wayne County JVSD
518 W. Prospect St.
Smithville, OH 44677

Questions? Contact Emily at: ☎ 330-988-1007 ✉ ehartzler@wccsc.org

APPLICATION CHECKLIST

- Complete application form
- Submit Personal statement
- Provide two (and ONLY 2) letters of recommendation
- Submit a photograph/headshot of applicant

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PERSONAL INFORMATION

Name:

Street Address:

City/State/Zip:

Telephone:

Email Address:

Length of OAACE Membership:

Years of OAACE Memberships:

EMPLOYMENT

Employer:

Role:

EDUCATIONAL BACKGROUND

High School/GED® Graduation Date:

College/University Graduation Date (if applicable):

Name of College/University (if applicable)

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 tuition, books, and related supplies at any adult vocational, 2-or-4-year state certified college, or university.

College, university, or training you plan to attend:

Location of Campus:

Course of study:

Starting date:

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PERSONAL STATEMENT

Please write a statement about the following below. If you need more space, a separate document can be attached.

Please name the attachment PERSONAL STATEMENT.

1. Your educational goals and 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 the email submission.

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 _____