



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 **October 3rd, 2023** to **Christina Miller** at; cmmiller@egcc.edu.

Complete all sections of the application and submit to:

Contact Christina Miller, OAAACE Scholarship and Awards Chair, Assistant Director, Eastern Gateway Community College (EGCC) with any questions at **Phone:740-996-4111** or by **Email: cmmiller@egcc.edu** .

Application checklist:

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



OAAACE Member Scholarship Application

Personal Information:

Name:

Address:

Telephone (mobile):

Telephone (home):

Email address:

Length of OAAACE 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):
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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:



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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.

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 _____