



OAAACE Member Scholarship Application

OAAACE is proud to offer a scholarship worth up to \$1,000 to an OAAACE member who is pursuing higher education or training.

Please note, the scholarship is not cash award, but may be used for tuition, books, and related supplies at any adult vocational school, two- or four-year state certified college, or university.

Eligibility:

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

Application instructions:

Complete all sections and email application to oaace@oaace.org

Application checklist:

Please include all of the following items in your application email:

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



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APPLICATION FORM

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):

Employment:

Employer:

Position or job:

Educational Plans:

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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ATTACHMENTS

Personal Comments:

Please write and attach a statement that includes:

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.

Letters of Recommendation:

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

Photo:

Please include a photo of yourself to be included in scholarship presentations, social media posts, and other OAACE-related media.

SIGNATURE

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:** _____