Ohio Association of Public School Employees (OAPSE/AFSCME Local 4/AFL-CIO)

Memorial Scholarship Foundation Program

INTRODUCTION

The OAPSE/AFSCME Memorial Scholarship Foundation Program is available to any graduating high school senior whose parent or legal guardian is a member in good standing of the Ohio Association of Public School Employees (OAPSE/AFSCME Local 4/AFL-CIO) and who intends to enroll in a full-time degree program in any two (2) or four (4) year accredited university, college, business or technical school. The scholarships may be used for any field of study.

Under the program, scholarships of $2,500.00 each are awarded to the winners selected from the applicants who meet the eligibility requirements. One scholarship is awarded to one applicant in each of the ten (10) OAPSE/AFSCME Districts in the state.

Award money is distributed by the OAPSE/AFSCME Memorial Scholarship Foundation, Inc. Donations to this fund are tax-deductible on an individual's annual income tax filing. Donations are also encouraged by our union Locals and Districts, as well as by businesses and corporate sponsors.

Directors of the Foundation are President Stephanie Wiley (Central District), Secretary Carla Daniel (Southeast District), and Treasurer Larry Malone (OAPSE/AFSCME Director of Education).

If you are interested in making a contribution to this worthy cause, donations should be mailed to the OAPSE/AFSCME Memorial Scholarship Foundation, Inc., 6805 Oak Creek Drive, Columbus, OH 43229. The donor will receive a letter from the Foundation which will serve as the receipt for tax purposes. Letters will also be sent if the contribution is in memoriam, as long as the donor has included the person's name and the family address for the acknowledgment.

Joseph P. Rugola
Executive Director

JoAnn Johntony
State President

Lois Carson
State Vice President

Sandra Wheeler
State Secretary

OAPSE/AFSCME Memorial Scholarship Foundation, Inc.
Directors –

Stephanie Wiley
President

Carla Daniel
Secretary

Larry Malone
Treasurer

DO NOT MAIL. KEEP THIS PORTION FOR YOUR RECORDS.

INSTRUCTIONS

Note: The OAPSE/AFSCME Memorial Scholarship is for graduating high school seniors only.

1. Applicant must complete **and sign** the **"To Be Completed By the Applicant"** form, marked as Section 1 of this application (additional paper may be used, if necessary).

2. Parent or Legal Guardian must complete **and sign** the **"To Be Completed By the OAPSE/AFSCME Parent/Legal Guardian"** form, marked as Section 2 of this application. **Attach a copy of the Parent's or Legal Guardian's OAPSE/AFSCME Membership Card** to the lower section of Section 2.

3. A Representative from the applicant's High School must **complete and sign** the **"To Be Completed By The High School"** form, marked as Section 3 of this application (additional paper may be used, if necessary) and must attach an Official Copy of the applicant's High School Transcript which includes the first (1st) semester or trimester of the twelfth (12th) grade, an explanation of the grading system used, any information if student is taking college level courses, and **at least ONE** of the Letters of Recommendation.

4. The applicant must provide TWO (2) Letters of Recommendation. (Only ONE of the TWO required Letters of Recommendation **MUST BE** prepared by a Representative from the applicant's High School. It is the applicant's option whether the school provides BOTH.)

5. The applicant must write an essay, no less than one (1) page and no more than three (3) pages, hand written or typed double-spaced, on the subject of **"How OAPSE/AFSCME Has Been a Part of Our Family's Life."** (If hand written, the essay must be legible.) Must be single sided.

6. The applicant is asked to include a recent photograph (preferably, the applicant's senior picture, for publication on the *OAPSE Website,* if selected as a scholarship recipient.)

7. The completed application (Sections 1-3) and ALL supportive documentation materials must be received by the Selection Committee **in ONE envelope or as ONE PDF document.**

8. **Applications must be postmarked or emailed NO LATER than March 1, 2019 in order to be considered.**

DISQUALIFICATIONS:

1. Any application **postmarked or emailed after the FINAL DATE of March 1, 2019.**

2. Any application that lacks the requested information or supportive documentation materials.

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TO BE COMPLETED BY APPLICANT

(Please Print) Use black/blue ink or type

1. Applicant's Name: _____

   Address: _____

   City:_____ State:_____ ZIP: _____

   (Area Code) Home Phone Number: (_____)_____

2. Date of Birth:_____/_____/_____

3. Graduation Date:____/_____/_____

4. Employment and/or activities that you have participated in while in high school? (Years/Description)

_____

_____

_____

5. List any offices held and/or honors received in these activities:

_____

_____

_____

6. List any academic honors you have received:

_____

_____

_____

7. Indicate Universities, Colleges, Business or Technical Schools you have applied to for acceptance or have been accepted to, any grants and/or scholarships awarded:

_____

_____

_____

8. List your Proposed Major/future goals:

_____

_____

_____

Signature of Applicant: _____ **Date** _____/ _____

_____

DO NOT FOLD

TO BE COMPLETED BY OAPSE/AFSCME PARENT OR LEGAL GUARDIAN

2

1. Name: _____

   Address: _____

   City: _____ State: _____ ZIP: _____

   (Area Code) Home Phone Number: (_____) _____

2. Employer:

   (Area Code) Work Phone: (_____) _____

   OAPSE Local # _____

   OAPSE/AFSCME District: _____

3. Relationship (Check one): _____ Parent _____ Legal Guardian

Signature of OAPSE/AFSCME Parent/Legal Guardian: _____

Date: / /

PROOF OF MEMBERSHIP: Attach a COPY of your OAPSE/AFSCME Membership Card below.

DO NOT FOLD

TO BE COMPLETED BY HIGH SCHOOL

3

(Please Print or TYPE) **Applicant's Name** _____

Dear School Representative:

This student is an applicant for a scholarship awarded by the Ohio Association of Public School Employees. As an aid in the selection process, it is necessary that the OAPSE/AFSCME Memorial Scholarship Foundation Committee receive information regarding the student's character, ability and performance in this High School Report (additional paper may be used, if necessary). The information will be used only by the selection committee.

PLEASE NOTE - It is important that this section be completed and returned to the applicant as soon as possible so that the applicant has sufficient time to submit the entire application to the selection committee **no <u>later than March 1, 2019.</u>** Thank you.

1. Name of School: _____
   Address: _____
   City: _____ State: _____ ZIP: _____

   School Telephone No. (Include the Area Code) ( ) _____ Ext. _____

2. Name of the Person rating this student: _____

3. Relationship: (e.g. principal, counselor, teacher, etc.)
   If teacher, please state subject: _____ Length of Relationship: _____

4. What is your general evaluation of this student?

_____

5. Sometimes special circumstances should be considered when evaluating a student's achievement record and test scores. Please specify: _____
6. **Student's cumulative (GPA)** _____
   Student's Highest A.C.T. or S.A.T Score: A.C.T. _____ S.A.T. _____
   Student's Class Ranking (i.e. 2 out of 300) _____ **of** _____
   High School - Please <u>attach</u> the following REQUIRED items to this application:
   A. An Official Copy of the student's High School Transcript and 12th Grade Report Card which includes the 1st semester/trimester of the 12th grade.
   B. An explanation of the Grading System used.
   C. Information if student is taking college courses.
   D. TWO Letter(s) of Recommendation are required. (Only ONE of the TWO required Letters of Recommendation **must be** prepared by a Representative from the High School as noted previously. It is the applicant's option whether the school provides BOTH.)

_____

Signature of School Representative: _____

_____

DO NOT FOLD

HOW WILL THE SELECTION BE MADE?

The OAPSE/AFSCME Memorial Scholarship Selection Committee will thoroughly examine all applications and supportive documentation materials submitted by each scholarship applicant. The selection committee will then choose the ten (10) scholarship recipients and announce the winners shortly thereafter. Every applicant will be notified in writing of the outcome of the selection process. Please do not call the OAPSE/AFSCME State Office. The decisions of the selection committee are final.

CHECKLIST

Use this checklist to complete your application.

- ❑ I have completed, signed and enclosed the "To Be Completed By The Applicant" section (marked as Section 1) of this application.
- ❑ My Parent/Legal Guardian has completed and signed the "To Be Completed By The OAPSE/AFSCME Parent/Legal Guardian" section (marked as Section 2) of this application. Attached to Section 2 is my Parent's/Legal Guardian's OAPSE/AFSCME Membership Card.
- ❑ A Representative from my high school has completed and signed the "To Be Completed By The High School" section (marked as Section 3) of this application which includes my G.P.A., my highest A.C.T. or S.A.T. score and my class ranking, and has attached the following: A) **an Official Signed Copy of my High School Transcript including the 1st semester/trimester of the 12th grade;** B) an Explanation of the grading system used; C) Information on any college level courses taken; and D) at least ONE Letter of Recommendation. The above listed supportive documents are all enclosed.
- ❑ I have enclosed the TWO REQUIRED Letters of Recommendation. (Only ONE of the TWO required Letters of Recommendation **must be** prepared by a Representative from the High School as noted previously. It is the applicant's option whether the school provides BOTH.)
- ❑ I have enclosed the essay I have written (according to the instructions) on the subject of "How OAPSE/AFSCME Has Been a Part of Our Family's Life."
- ❑ I have enclosed a recent photograph for publication on the OAPSE Website, should I be selected.
- ❑ I have retained a copy of the completed application for my files.

IMPORTANT

Your application and all supportive documentation materials must be submitted to the selection committee in ONE envelope. Applications will not be considered complete if materials are sent separately.

Applications must be postmarked no later than March 1, 2019.

MAIL TO: OAPSE/AFSCME Memorial Scholarship Foundation Program
6805 Oak Creek Drive
Columbus, OH 43229-1591

EMAIL TO: scholarship@oapse.org

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Scholarship Application printed in-house at OAPSE/AFSCME Local 4/AFL-CIO