HIGHER EDUCATION COORDINATING COMMISSION

Office of Student Access and Completion (OSAC)

SCHOLARSHIP WORKBOOK

This workbook is not an application and will not be accepted in place of an online OSAC Scholarship Application. OregonStudentAid.gov

1 Establish an OSAC Account

(*)Required information

*LEGAL NAME: *(Must match exactly the name used for filing FAFSA/ORSAA)*	First Name: _____ Middle Initial: _____ Last Name: _____

E-MAIL ADDRESS *(Leave blank if you do not have an E-mail Address)*	E-mail Address: _____ The OSAC application requires an E-mail address. If you do not have an E-mail address, OSAC will assign a temporary address for application processing purposes.

*SOCIAL SECURITY NUMBER *(If you are filing a FAFSA/ ORSAA, enter the same SSN as you entered on your FAFSA/ ORSAA)*	SSN ☐☐☐ — ☐☐ — ☐☐☐☐ OSAC asks for your social security number (SSN) as part of your application for the following reasons: 1. **Identification between applicants**. Many people have similar or the same names and often have similar or the same birthdays. OSAC needs some way to absolutely identify your application materials, insuring that you have a fair chance at every scholarship for which you apply. 2. OSAC must have your complete SSN to obtain FAFSA/ORSAA data. Use of FAFSA/ORSAA information, as specified in the certification/release you sign at the end of this application, is strictly limited by law and OSAC policy to ensure maximum security for all applicant data. 3. **Identification between college students**. If you are awarded a scholarship, OSAC must be able to identify you absolutely to the college where you will receive your scholarship funds. IF YOU DO NOT HAVE A VALID SSN or if you choose not to provide your SSN, you will be assigned a working number based on your Scholarship Application Number. If you are applying for scholarships or grants that are based on financial need, you must file a FAFSA/ORSAA.

OSAC PORTAL ACCESS	**For OSAC Office Use ONLY** USER NAME: _____ OSAC Staff/Processer: _____ _____ (printed name) (date)

Office of Student Access and Completion (OSAC)

SCHOLARSHIP WORKBOOK

2 *Profile: Basic Information:*   (*)Required information

***LEGAL NAME**	_____ _____ _____ Legal First Legal Middle Initial Legal Last
***DATE OF BIRTH**	[_____] [_____] [_____] 2-digit Month 2-digit Day 4-digit Year
OTHER NAMES	Please list any other first or last names used on documents submitted to OSAC (transcripts, etc.) First Name: [_____] [_____] Last Name: [_____] [_____]
***Gender Identity**	☐ Female ☐ Male ☐ Trans Female/Trans Woman ☐ Trans Male/Trans Man ☐ Non-binary/Genderqueer/Gender non-confirming ☐ Different Identity: [Specify: (optional)] ☐ Choose Not To Say
Pronouns	☐ She/Her/Hers ☐ He/HIm/His ☐ They/Them/Theirs ☐ Other Pronouns: [preferred pronouns:]

SCHOLARSHIP WORKBOOK

(3) *Profile: Contact Information*   (*)Required information

*PERMANENT ADDRESS If someone is authorized to complete this on your behalf, please include their contact information on the following 'additional contact' page)	Street: [_____] City: [_____] Zip Code: [_____] County: [_____] Phone: [_____] ( ) — [_____] **Mailing Address (if different)** Street: [_____] City: [_____] Zip Code [_____]

SCHOLARSHIP WORKBOOK

(4) *Profile: Additional Contact Information*   (*)Required information

PRIMARY Additional Contact ***(Required: you must provide at least one Additional Contact)***	Relationship: ☐ Parent ☐ Spouse/Partner ☐ Other (specify relationship) _____
	First Name: [_____]
	Last Name: [_____]
	E-mail: [_____]
	Phone 1: ( ) — TEXT? Y / N
	Phone 2: ( ) — TEXT? Y / N
	Address: [_____]
	City: [_____]
	State: [_____]
	Zip: [_____]
	☐ I approve this contact to also receive my application related emails and/or to speak with OSAC staff about my application status.
SECONDARY Additional Contact ***(optional)***	Relationship: ☐ Parent ☐ Spouse/Partner ☐ Other (specify relationship) _____
	First Name: [_____]
	Last Name: [_____]
	E-mail: [_____]
	Phone 1: ( ) — TEXT? Y / N
	Phone 2: ( ) — TEXT? Y / N
	Address: [_____]
	City: [_____]
	State: [_____]
	Zip: [_____]
	☐ I approve this contact to also receive my application related emails and/or to speak with OSAC staff about my application status.

SCHOLARSHIP WORKBOOK

5 *Profile: About Me*   (*)Required information

*Citizenship Status	☐ U. S. Citizen ☐ Eligible non-citizen (includes US Permanent Resident, US Refugee or Asylee) ☐ Other (includes DACA or undocumented, but does not include international students on student visas such as F1, J1, etc.) Unless otherwise specified in the individual scholarship descriptions, you must be an Oregon resident. For residency requirements, including tribal residency, visit http://oregonstudentaid.gov/scholarships-residency.aspx
*Racial Group or Ethnicity?	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Choose Not To Say ☐ Other Race/Ethnicity Specify: (optional)

Hispanic or Latino

☐ YES   ☐ NO

Are you currently or formerly in foster care, or are you participating in an Independent Living Program?

☐ YES   ☐ NO

SCHOLARSHIP WORKBOOK

6 *Profile: High School Information or Equivalent*   (*)Required information

*Select high school type (or equivalent) attended/completed

☐ Public or private traditional high school   ☐ Alternative high school   ☐ Community college high school

☐ Home school   School name (do not abbreviate):

☐ GED   ☐ GED and Home School   Date of graduation or completion: 2-digit month: 4-digit year:

GED Test Scores:

Soc. Studies _____

Mathematics _____

Reading _____

Writing _____

High school/home school GPA (unweighted, cumulative 7th-semester): _____

If you have already graduated from High School, enter your final cumulative high school GPA.

If you are planning to graduate during this academic year from high school, enter your cumulative GPA through 7th semester (second quarter, first trimester, or first semester of senior year/last year in high school).

SAT and ACT Test Scores	Leave blank if you did not take the SAT/ACT or have not yet received your scores.
	If you took the test multiple times, use your highest score. For the SAT, use your highest score from each section.
	☐ I took the SAT prior to March 2016
	SAT Evidence-Based Reading and Writing (highest)
	SAT Math (highest)
	ACT Composite (Leave blank if you did not take the ACT)

ASPIRE Program in High School	Did you work with the ASPIRE program in high school? ☐ YES ☐ NO
	If yes, please provide ASPIRE Mentor's name
	ASPIRE Site Name

SCHOLARSHIP WORKBOOK

(7) *Profile: Certifications*

(*)Required information

*Residency (Use the same information as on your FAFSA/ ORSAA)	Oregon resident for 12 months preceding enrollment for fall term/semester? ☐ YES ☐ NO If no, enter prior state of residence [ ]
*Date of FAFSA/ORSAA Filing	Date you filed or will file your FAFSA/ORSAA for the 2024-25 academic year [ ] Month and Year ☐ I do not plan to file, and I understand that this will disqualify me from need-based scholarships
Disclosures	**Publicity Release** If selected to receive a scholarship, I give permission to OSAC and the scholarship donor or representative to publicize the award through a press release, media story, report, or other promotional materials. OSAC encourages award recipients to share their stories to help the public better understand the importance and value of supporting scholarships for students. OSAC will not share your information with marketing entities. ☐ YES ☐ NO **Privacy Agreement** • I authorize OSAC to share my application with scholarship processing and review staff, donors, and selection committees for the purpose of determining eligibility and selecting awardees. • I understand that by providing an email address, I am giving OSAC permission to provide me with application status updates or general reminders by email. ☐ *I certify that I have read, understood, and agree to the above certification statements

SCHOLARSHIP WORKBOOK

Office of Student Access and Completion (OSAC)

8 *My Family*

(*)Required information

*Parent's Education	Use the same answer that you selected when filing your FAFSA/ORSAA.
	Parent 1 highest education level completed / **Parent 2** highest education level completed ☐ Middle/Jr. high school ☐ Middle/Jr. high school ☐ High School ☐ High School ☐ College or beyond ☐ College or beyond ☐ Other/unknown ☐ Other/unknown
	Are you a first-generation immigrant? ☐ YES ☐ NO

SCHOLARSHIP WORKBOOK

9 *College History*
List All Colleges or Universities Attended

(*)Required information

College/University Name [ ]

Dates Attended (MUST MATCH TRANSCRIPT DATES)

From | 2-digit month [ ] | 4-digit year [ ] | To | 2-digit month [ ] | 4-digit year [ ]

Degree Earned [ ] | Credits Earned [ ]

College/University Name [ ]

Dates Attended (MUST MATCH TRANSCRIPT DATES)

From | 2-digit month [ ] | 4-digit year [ ] | To | 2-digit month [ ] | 4-digit year [ ]

Degree Earned [ ] | Credits Earned [ ]

College/University Name [ ]

Dates Attended (MUST MATCH TRANSCRIPT DATES)

From | 2-digit month [ ] | 4-digit year [ ] | To | 2-digit month [ ] | 4-digit year [ ]

Degree Earned [ ] | Credits Earned [ ]

SCHOLARSHIP WORKBOOK

Add colleges/universities attended if applicable

College/University Name

Dates Attended

From | 2-digit month | 4-digit year | To | 2-digit month | 4-digit year

Degree Earned | Credits Earned

College/University Name

Dates Attended

From | 2-digit month | 4-digit year | To | 2-digit month | 4-digit year

Degree Earned | Credits Earned

College/University Name

Dates Attended

From | 2-digit month | 4-digit year | To | 2-digit month | 4-digit year

Degree Earned | Credits Earned

College/University Name

Dates Attended

From | 2-digit month | 4-digit year | To | 2-digit month | 4-digit year

Degree Earned | Credits Earned

☐ *I have provided all my college history **or** I have no college history

HIGHER EDUCATION COORDINATING COMMISSION

SCHOLARSHIP WORKBOOK

10 *College Plans*
Your Current College Choice for the 2024-25 School Year

(*)Required information

*College of Choice	College Name: _____ State Location: _____

☐ I will be dual enrolled with another school while attending this school

*College Standing
as of Fall Term 2024

☐ Freshman ☐ Junior ☐ Master's

☐ Sophomore ☐ Senior ☐ Doctorate

*Degree Plans

(OSAC staff will enter the closest major based on the answer provided, or "undecided", if applicable.)

Degree (circle one)

Training Certification (Certificate)
Associate of Arts (A.A.)
Associate of Science (A.S.)
Associate's—Transfer (A.T.)
Bachelor of Science (B.S.)
Bachelor of Arts (B.A.)
Master of Arts (M.A.)
Master of Business Administration (M.B.A.)

Master of Education (M.Ed)
Master of Science (M.S.)
Doctorate of Dental Medicine (D.M.D.)
Doctorate Dental Surgery (D.D.S.)
Doctorate of Philosophy (PhD)
Doctorate of Medicine (M.D.)
Juris Doctorate (J.D.)
Other degree not listed (specify: _____)

Major *(Enter "undecided" if unknown)* _____

Second Major *(optional)* _____

Expected Completion Date

2-digit month: _____

4-digit year: _____

*Career Plans

Career Goal _____

☐ Agriculture
☐ Architecture
☐ Art
☐ Athletics/Sports
☐ Aviation
☐ Barbering/Cosmetology
☐ Broadcasting/Journalism
☐ Building/Constructions
☐ Business
☐ Education/Training

☐ English/Writing
☐ Enology/Viticulture/Wine Making
☐ Environmental/Natural Resources
☐ Fashion
☐ Health Field
☐ Industrial/Mechanical/Diesel/ Manufacturing Technologies
☐ Land Surveying
☐ Law
☐ Library Science

☐ Performing Arts/Music
☐ Public Safety/Fire Science
☐ Science/Engineering Technology
☐ Social Science
☐ Theology
☐ Training and Development
☐ Transportation
☐ Veterinarian Science
☐ Vocational/Trades

SCHOLARSHIP WORKBOOK

11 *Scholarships*

List Scholarship the <u>number</u> and <u>name</u> of the specific scholarship(s) you wish to apply for as defined in the Scholarship Catalog (enclosed).

You may list up to a maximum of 40 scholarships.

If a scholarship requires an extra document or essay as prescribed in the Scholarship Catalog, it must be attached to your completed application.

1. Number _____ Name _____	21. Number _____ Name _____
2. Number _____ Name _____	22. Number _____ Name _____
3. Number _____ Name _____	23. Number _____ Name _____
4. Number _____ Name _____	24. Number _____ Name _____
5. Number _____ Name _____	25. Number _____ Name _____
6. Number _____ Name _____	26. Number _____ Name _____
7. Number _____ Name _____	27. Number _____ Name _____
8. Number _____ Name _____	28. Number _____ Name _____
9. Number _____ Name _____	29. Number _____ Name _____
10. Number _____ Name _____	30. Number _____ Name _____
11. Number _____ Name _____	31. Number _____ Name _____
12. Number _____ Name _____	32. Number _____ Name _____
13. Number _____ Name _____	33. Number _____ Name _____
14. Number _____ Name _____	34. Number _____ Name _____
15. Number _____ Name _____	35. Number _____ Name _____
16. Number _____ Name _____	36. Number _____ Name _____
17. Number _____ Name _____	37. Number _____ Name _____
18. Number _____ Name _____	38. Number _____ Name _____
19. Number _____ Name _____	39. Number _____ Name _____
20. Number _____ Name _____	40. Number _____ Name _____

SCHOLARSHIP WORKBOOK

12 *Transcripts*

High school transcript or equivalent required

(*)Required information

*Select the type of student you are to determine the type of transcript to submit:	
Graduating High School Student as of the application year	Submit your high school transcripts showing coursework and grades through the first semester, second quarter, or first trimester (depending on your school's calendar) of your senior year. These transcripts are usually available in January or February.
Home-Schooled Student from Oregon, not yet enrolled in college	Submit **all three required documents**: 1. A copy of the Confirmation of Enrollment letter on file at your local Educational Service District (ESD) (also called "Letter of Intent to home-school"). A DMV receipt or record will **NOT** suffice. 2. A copy of the results of a tenth-grade standardized achievement test, required for all home-school students who have registered with their ESD. 3. A transcript from your home-school teacher describing your coursework and letter grades assigned.
Home-Schooled Student from Outside Oregon	Contact OSAC at (800) 452-8807
GED Student	1. If you received a General Education Development (GED) certificate and have never attended college, submit your Transcript of GED record. 2. If you have not completed your GED requirements by the time you submit your application, submit your most recent score report and a letter explaining when you plan to complete your requirements.
A High School Graduate with No College Coursework	Submit your high school transcripts showing complete high school career coursework and grades.
College Student, Freshman (completed one semester or term of college coursework at the time of application)	Submit transcripts of all college coursework through fall quarter/semester of the current academic year. A high school transcript is optional, but recommended as part of the selection process.
College Student, Continuing or Returning	1. Submit transcripts of all college coursework taken in the prior 10 years through fall quarter/semester of the current academic year. 2. You may also submit optional college transcripts (prior to the required 10 years) that document academic achievement. 3. If you attended more than one college, submit a transcript for each college, including work on prior degrees. *If all of your college coursework was completed more than 10 years ago, you must **submit those college transcripts or your complete high school transcripts**.*

SCHOLARSHIP WORKBOOK

13 *Activities Chart*

(*)Required information

Hints & Tips

It is recommended that you have at least one activity from each category. If you do NOT have any activities for one of the categories, check to appropriate box on the chart to certify that you have no activities for that category.

1) Each activity must include:

- **Category:** School, Volunteer or Paid Work History

- **A short title** for the activity

- **Frequency:** One-time, seasonal, or ongoing

- **Date From:** Month and year of when you first began the activity

- **Dates To:** use 'present' if you are currently doing the activity, or enter month and year when you last did the activity

- **Weekly hours:** number of hours per week; give your best estimate

- **A description of responsibilities** and/or accomplishments associated with the activity (up to 125 characters)

1) Be brief. Pinpoint activities where you showed leadership, decision-making, and organizational skills, and areas where you received special recognition

2) Limited to 20 activities

Activities Chart

OSAC Scholarship Application

Category #: 1. School 2. Volunteer (Community/Family) 3. Paid Work	Activity Title	Frequency#: 1. One-time 2. Seasonal 3. Ongoing	Date: From Month/ Year	Date: To Month/ Year	Hours: Per Week	Total Hours	Responsibility/Accomplishments (125 character limit)

☐ I have no School Activities

☐ I have no Volunteer Activities

☐ I have no Paid Work History

Activities Chart (continued)

Category #: 1. School 2. Volunteer (Community/Family) 3. Paid Work	Activity Title	Frequency #: 1. One-time 2. Seasonal 3. Ongoing	Date: From Month/ Year	Date: To Month/ Year	Hours: Per Week	Total Hours	Responsibility/Accomplishments (125 character limit)

SCHOLARSHIP WORKBOOK

(*)Required information

14 *Personal Statements and Scholarship-Specific Essays*

The application requires completion of four personal statements/questions:

1. What are your specific educational plans and career goals and why? What inspires you to achieve them?
2. What have you done for your family, school or community that you care about the most and why?
3. Describe a personal accomplishment, impactful change or experience that has occurred in your life. What skills and strengths were needed to respond and what did you learn about yourself.
4. Is there any additional information you would like the selection committee members to know. This could include financial situations not reflected on the FAFSA/ORSAA or other information not covered in the application. This statement is not required and will not have any negative effect on the application if left blank.

BEFORE submitting your application, we recommend you retain a copy of your personal statements and

essays. General Tips
- Use correct grammar, punctuation, and spelling.
- Don't repeat information already included in your application, such as that your greatest accomplishment is your GPA.

Personal Statements
- Let your Personal Statements tell your story. Donors are looking for reasons why they should choose you for their scholarship award. Focus on something unique about yourself!
- Word Limit: 250 word limit for *each statement*. Statements exceeding this limit will display only the first 250 words for application review and consideration.

Other Essays for Individual Scholarship Programs
- Do not include URLs when citing essay sources, as it may cause an error in the application.
- Each scholarship essay has a length requirement that differs from essay to essay. Be sure to comply with this requirement.

Experience in Diverse Environments
Some scholarships require an extra essay about living or working in diverse environments. Such factors may include:
- Socioeconomic or educational disadvantage;
- Demonstrated experience with or commitment to serving or working with historically underserved or underprivileged populations, such as members of minority communities;
- Being in the first generation of a family to attend college;
- Geographic diversity, including students from rural or inner-city areas that might be underrepresented on campus.

SCHOLARSHIP WORKBOOK

*Personal Statement #1: What are your specific educational plans and career goals and why? What inspires you to achieve them?

☐ Check box if personal statement is attached to application, OR write statement below in space provided.

SCHOLARSHIP WORKBOOK

*Personal Statement #2: What have you done for your family, school or community that you care about the most and why?

☐ Check box if personal statement is attached to application, OR write statement below in space provided.

SCHOLARSHIP WORKBOOK

*Personal Statement #3: Describe a personal accomplishment, impactful change or experience that has occurred in your life. What skills and strengths were needed to respond and what did you learn about yourself.

☐ Check box if personal statement is attached to application, OR write statement below in space provided.

SCHOLARSHIP WORKBOOK

Personal Statement #4: Is there any additional information you would like the selection committee members to know. This could include financial situations not reflected on the FAFSA/ORSAA or other information not covered in the application. This statement is not required and will not have any negative effect on the application if left blank.

☐ Check box if personal statement is attached to application, OR write statement below in space provided.

Extra Document/Essay page (if needed) for Scholarship # _____   Name: _____

☐ Check box if extra document or extra essay is attached, OR provide information/write essay below.
Note above the specific scholarship number and name to which the information/essay pertains

SCHOLARSHIP WORKBOOK

HIGHER EDUCATION COORDINATING COMMISSION

Extra Document/Essay page (if needed) for Scholarship # _____   Name: _____

☐ Check box if extra document or extra essay is attached, OR provide information/write essay below.
Note above the specific scholarship number and name to which the information/essay pertains

Office of Student Access and Completion (OSAC)
SCHOLARSHIP WORKBOOK

Extra Document/Essay page (if needed) for Scholarship # _____   Name: _____

☐ Check box if extra document or extra essay is attached, OR provide information/write essay below.
Note above the specific scholarship number and name to which the information/essay pertains

15 *Certification and Submission*   (*)Required information

Confirm the following agreements and review your transcripts to ensure accuracy before submitting.

Certifications & Agreements

- I certify the accuracy of the completed application form and all accompanying documents, and if requested agree to provide proof of this information.

- I give permission to selection committees to contact my high school and college officials for additional academic and/or financial information. I also allow my information to be shared with OSAC-approved researchers.

- I understand that OSAC cannot guarantee that applicants will receive scholarships. Further, by certifying the application form, I agree to hold harmless, defend, and indemnify OSAC for any acts, failures to act, or omissions of OSAC, its employees, agents, volunteers, or any state of Oregon employee.

- I understand that if I have not completed the FAFSA/ORSAA, I will not be considered for OSAC's need-based scholarships.

- I give permission to OSAC to request and use data from my FAFSA/ORSAA, as well as data and materials from this appli-cation to determine my eligibility for OSAC scholarships.

- I understand that if I am selected for an employer or membership-sponsored program, OSAC may release my information to the donor for announcements only.

☐ *I have read all the above terms & conditions and agree, and certify the transcripts provided are true and accurate