

SCHOLARSHIP WORKBOOK

Final deadline is 5:00 P.M. March 1,

This workbook is not an application OSAC Scholarships and OSAC Grants can be applied for on the OSAC Website www.OregonStudentAid.gov



LEGAL

Establish an OSAC Account

| (Must match exactly the name used for filing FAFSA/ORSAA) | Middle Initial: Last Name: |
|--|---|
| E-MAIL ADDRESS | E-mail Address: The OSAC application requires an E-mail address. Do not use a high school email address as this email is not accessible after high school graduation. |
| SOCIAL SECURITY NUMBER (If you are filing a FAFSA, enter the same SSN as you entered on your FAFSA) | SSN: You will need your SSN when you start your application, do not write it here. OSAC asks for your social security number (SSN) as part of your application for the following reasons: 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. OSAC must have your complete SSN to obtain FAFSA data. Use of FAFSA 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. 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 this is the case, for the OSAC Scholarship Application, please note that you will be eligible only for merit-based scholarships (those not requiring a FAFSA) If you are applying for scholarships or grants that are based on financial need, you must file a FAFSA and provide OSAC the same SSN listed on your FAFSA. |



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2 Identifying Information

| NAME | First Middle Initial Last |
|------------------|--|
| DATE OF BIRTH | 2-digit 2-digit 4-digit Month Day Year |
| OTHER NAMES | Please list any other first or last names used on documents submitted to OSAC (transcripts, etc.) First Name: Last Name: |
| 3 Conto | Street: |
| ADDRESS | City: Zip Code: County: Phone: () — Mailing Address (if different) Street: City: |
| | Zip Code |



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Additional Contact Information

| PRIMARY Additional Contact (Required: you must provide at least one Additional Contact) | Relationship: First Name: Last Name: E-mail: Phone 1: Phone 2: Address City: State: Zip: I approv | Parent Spouse/Partner Other (specify relationship) TEXT? Y /N TEXT? Y /N TEXT? Y /N TEXT? Y /N TEXT? Y of N TEXT? Y of N | h |
|---|--|--|---|
| SECONDARY Additional Contact (optional) | Relationship: First Name: Last Name: E-mail: Phone 1: Phone 2: Address City: State: Zip: | Parent Spouse/Partner Other (specify relationship) TEXT? Y /N TEXT? Y /N | |



SCHOLARSHIP WORKBOOK



About Me

| Citizenship Status | U. S. Citizen Eligible noncitizen in the U.S. for other than a temporary purpose and intend to become (or have become) a permanent resident Neither Unless otherwise specified in the individual scholarship descriptions, you must be an Oregon resident. | | |
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| | | | |
| 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 application academic year Month and Year I do not plan to file, and I understand that this will disqualify me from need-based scholarships | | |
| Work Hours | Are you working 20+ hours a week during the <u>current academic year</u> ? YES NO Are you planning to work 20+ hours a week during the next academic year? YES NO | | |



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Demographics

| Gender (Optional) | Female 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 Other Specify: | |
| Racial Group | 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) | |
| Are you currently or formerly in foster care, or are you participating in an Independent Living Program? YES NO | | |
| Hispanic or La | | |



| Disclosures | If selected to receive a scholarship, I give permission to OSAC, high school staff 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. 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 | | |
| 6 My | Family | | |
| Applicant's Marital | What is your (the applicant's) marital status as of today? Make sure it is the same answer used when filing your FAFSA/ORSAA if you did not select 'Domestic Partner'. | | |
| Status | Single Divorced | | |
| | Married Widowed | | |
| | Remarried Domestic Partner | | |
| | Separated | | |
| | | | |



| Parent's Marital | What is your parents' marital status as of today? Use the same answer that you selected when completing your FAFSA/ORSAA. | | |
|--|---|---|--|
| Status | Mar | ried/remarried | Unmarried and both parents living together |
| | Nev | er Married | Domestic Partner |
| | Dive | orced/separated | Choose not to provide this information |
| | Wid | lowed | |
| | | | |
| Parent's | Use the same an | swer that you selected when filing | your FAFSA/ORSAA. |
| Education | Parent 1 | | Parent 2 |
| | highest ed | ucation level completed | highest education level completed |
| | Mic | ldle/Jr. high school | Middle/Jr. high school |
| | Hig | th School | High School |
| | | lege or beyond | College or beyond |
| | Oth | er/unknown | Other/unknown |
| | | | |
| 7 High | School or | Equivalent | |
| Select | high school typ | e (or equivalent) attended/com | pleted · |
| Public or pri | vate traditional | high school Alternativ | re high school Community college high school |
| Home school | School nam | e (do not abbreviate): | |
| GED GED and Home School Date of graduation 2-digit 4-digit | | | |
| | | or completion: | month: year: |
| GED Test Score: | | High school/home school GP | A (unweighted, cumulative 7-semester): |
| | | | , |
| | | If you have already graduated school GPA. | I from High School, enter your final cumulative high |
| | | | e during this academic year from high school, enter 7th semester (second quarter, first trimester, or first ear 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. SAT (Leave blank if you did not take the SAT) 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 |
| | ge History Colleges or Universities Attended, including those attended during high school |
| College/Unive | ersity Name |
| Dates Attende | d (MUST MATCH TRANSCRIPT DATES) |
| From 2-digi month Degree Earned | |



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Add all colleges/universities attended, including those attended while in high school

| College/University Name Dates Attended From 2-digit dependent de la constant de la c | To 2-digit month Credits Earned | 4-digit year |
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| College/University Name Dates Attended From 2-digit dependent de la constant de la c | To 2-digit month Credits Earned | 4-digit year |
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College Plans Your Current College Choice

| 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 | ☐ Freshman ☐ Junior ☐ Master's ☐ Sophomore ☐ Senior ☐ Doctorate |
| Degree Plans | Degree (circle one) Training Certification (Certificate) Associate of Arts (A.A.) Associate of Science (A.S.) Associate of Science (A.S.) Associate of Science (A.T.) Bachelor of Science (B.S.) Bachelor of Arts (B.A.) Master of Philosophy (PhD) Bachelor of Arts (M.A.) Master of Arts (M.A.) Master of Business Administration (M.B.A.) Major (Enter "undecided" if unknown) Second Major (optional) |
| Career Plans | Expected Completion Date 2-digit year: Career Goal Career Goal |
| | |



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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 . https://app.oregonstudentaid.gov/Catalog/Default.aspx 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, use the provided forms to work on those essays.

| 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 |
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Transcripts

High school transcript or equivalent required

| 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 <u>all three required documents</u>: 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. A copy of the results of a tenth-grade standardized achievement test, required for all home-school students who have registered with their ESD. A transcript from your home-school teacher describing your coursework and | |
| Home-Schooled Student from Outside Oregon | Contact OSAC at (800) 452-8807 | |
| GED Student | If you received a General Education Development (GED) certificate and have never attended college, submit your Transcript of GED record. 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 | Submit transcripts of all college coursework taken in the prior 10 years through fall quarter/semester of the current academic year,. You may also submit optional college transcripts (prior to the required 10 years) that document academic achievement. 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



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

| | | | | | | Volunteer (Community/Family) Read Work | Category #: 1. School | |
|--------------------------------|--|--|--|--|--|--|--------------------------|-------------------------------|
| I have no School Activities | | | | | | eer vy/Family) ork | Ŋ#: | : |
| School A | | | | | | | Activity Litle | |
| tivities | | | | | | | litle | |
| | | | | | | 2. Seasonal 3. Ongoing | Frequency# 1. One-time | |
| I have n | | | | | | | | |
| o Volunt | | | | | | | Date: From | |
| I have no Volunteer Activities | | | | | | th/ | Date: To | |
| vities | | | | | | * | Hours: Per | 777 |
| ☐ I ha | | | | | | | Hours | CIDIAI |
| I have no Paid Work History | | | | | | | (125 character limit) | COAC Scholar ship Application |
| History | | | | | | | \ccomplishmei imit) | |
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| | | | | | 1. School 2. Volunteer (Community/Family) 3. Paid Work | Category #: | |
| | | | | | | Activity Title | |
| | | | | | 1. One-time 2. Seasonal 3. Ongoing | Frequency #: | |
| | | | | | From Month/ Year | Date: | |
| | | | | | To Month/ Year | Date: | |
| | | | | | Per Week | Hours: | ^ |
| | | | | | Hours | Total | 1 |
| | | | | | (125 character limit) | ACTIVITIES Chart (continued) ACTIVITIES Chart (continued) | L /L!1/ |

SCHOLARSHIP WORKBOOK



Personal Statements and Scholarship-Specific Essays

The application requires completion of four personal statements/questions:

- 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 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.
- 4. This question is not required and will not have any negative effect on the application if it is blank. 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.

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 (including spaces). 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 which 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.



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 $Personal\ Statement\ \#1\colon\ What\ are\ your\ specific\ educational\ plans\ and\ career\ goals\ and\ why?What\ inspires\ you\ to\ achieve\ them?\ (250\ word\ limit)$

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Personal Statement #2: What have you done for your family or community that you care about the most and why? (250 word limit)

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Personal Statement #3: Describe a personal accomplishment, impactful change or experience

| (=== | our life. What skills | | | |
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Personal Statement #4: This question is not required and will not have any negative effect on

the application if it is blank.

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. (250 word limit)

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