

TO BE COMPLETED BY APPLICANT

(Please Print with BLACK or BLUE Ink or Type.)

Applicant's Name _____

Address _____

City _____ State _____ ZIP _____ + _____

Phone Number (_____) _____ Cellphone Number (_____) _____

Personal Email Address _____

Date of Birth ____/____/____ Graduation Date ____/____/____

What activities (or employment) have you participated in while in high school? (Years/Description)

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

List any academic honors you have received.

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

List your Proposed Major/future goals. _____

Signature of Applicant _____ Date ____/____/____

All essays written as part of the OAPSE/AFSCME Memorial Scholarship application process become property of OAPSE/AFSCME. OAPSE/AFSCME retains the right to reprint some or all of the winning essays on the OAPSE/AFSCME website or in other union publications and to identify the authors of the winning essays. OAPSE/AFSCME also reserves the right to reprint, describe or excerpt these essays in other publications or to assign that right to others.

Signature of Applicant _____ Date ____/____/____

TO BE COMPLETED BY OAPSE/AFSCME PARENT OR LEGAL GUARDIAN



(Please Print with BLACK or BLUE Ink or Type.)

Name _____

Address _____

City _____ State _____ ZIP _____ + _____

Home Phone Number (_____) _____ Cellphone Number (_____) _____

Personal Email Address _____

Employer: _____

School Phone Number: (_____) _____

OAPSE Local # _____ OAPSE/AFSCME District _____

Relationship (Check one): ☐ Parent ☐ Legal Guardian

Signature of OAPSE/AFSCME Parent/Legal Guardian _____

Date ____/____/____

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

TO BE COMPLETED BY HIGH SCHOOL

(Please Print with BLACK or BLUE Ink 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. 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 later than March 1**. Thank you.

Name of School _____

Address _____

City _____ State _____ ZIP _____ + _____

School Telephone Number (_____) _____ Ext. _____

Name of the Person rating this student _____

Relationship (e.g. principal, counselor, teacher, etc.) _____

If teacher, please state subject _____ Length of Relationship _____

What is your general evaluation of this student? _____

Sometimes special circumstances should be considered when evaluating a student's achievement record and test scores. Please specify. _____

Student's cumulative (GPA) _____ Class Size _____ Class Ranking _____

Student's Highest Scholastic Aptitude Test (SAT) Score _____ OR Student's Highest American College Test (ACT) Score _____

Please attach 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 _____ Date ____/____/____