OAPSE AFSCME

Ohio Association of Public School Employees

American Federation of State, County and Municipal Employees, AFL-CIO

OAPSE/AFSCME Local 4/AFL-CIO, 6805 Oak Creek Drive, Columbus, Ohio 43229-1591
(614)890-4770 • (800)786-2773 • (614)890-3540 FAX
www.oapse.org

Joseph P. Rugola
Executive Director

Lois Carson
State President

Michael Lang
State Vice President

Sheila Dawkins-Flinn
State Secretary

TO: Ohio High School Counselors

FROM: OAPSE/AFSCME Memorial Scholarship Committee

DATE: November 14, 2025

RE: OAPSE/AFSCME Memorial Scholarship Application and QR Code Card

The OAPSE/AFSCME Memorial Scholarship Foundation Program is available to any graduating high school senior whose parent or legal guardian is a school system employee and who has been a member in good standing of the Ohio Association of Public School Employees (OAPSE/AFSCME Local 4/AFL-CIO) for one year (or who signed up for OAPSE/AFSCME Membership at the first opportunity after hire).

The graduating senior must intend to enroll in a full-time degree program in any two (2) or four (4) year accredited university or college, or in an accredited business, technical or trade school. The scholarships may be used for any field of study.

We are asking that you share this information with students seeking scholarship information who meet the above criteria.

Enclosed please find one (1) scholarship application and one (1) QR Code Card.

The scholarship application can be downloaded after December 1 from the OAPSE website at: www.oapse.org, click "Benefits of Membership," then "Scholarships" or by scanning the enclosed QR Code Card.

Beginning in November of 2026, the committee will only send the QR Code Card to scan and not the application. If you or the applicant have any questions pertaining to the application, you may direct the question to the OAPSE/AFSCME Memorial Scholarship Foundation at 1(800)786-2773.

With your help, we can make a better future for as many of our members' children as we can.

Wishing you a safe and Happy New Year.

VMR/ss
cc: file

OAPSE AFSCME

Memorial Scholarship Foundation Program



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OAPSE/AFSCME Memorial Scholarship Foundation Program

Ohio Association of Public School Employees

INTRODUCTION

The OAPSE/AFSCME Memorial Scholarship Foundation Program is available to any graduating high school senior whose parent or legal guardian has been a member in good standing of the Ohio Association of Public School Employees (OAPSE/AFSCME Local 4/AFL-CIO) for one year (or who signed up for OAPSE/AFSCME Membership at the first opportunity after hire). The graduating senior must intend to enroll in a full-time degree program in any two (2) or four (4) year accredited university or college, or in an accredited business, technical or trade school. The scholarships may be used for any field of study.

Under the program all applications are reviewed by the Scholarship Selection Committee. From the applicants who meet the eligibility requirements, at least one scholarship of $2,500.00 is awarded to a scholarship applicant in each of the ten (10) OAPSE/AFSCME Districts in the state. **Scholarship Winners will have one (1) year to claim their award, unless waived by the committee.**

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 Beverly Payne (North Central District), Treasurer Lynne McGraw (Director of Accounting) and Veda Rugola (Staff Advisor/Consultant).

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.

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OAPSE/AFSCME Memorial Scholarship Foundation, Inc.
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Lynne McGraw
Treasurer/Director of Accounting

Veda Rugola
Staff Advisor/Consultant

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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 current OAPSE/AFSCME Membership Card** to the lower section of Section 2.
3. 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.)
4. 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 Letter of Recommendation.**
5. The applicant must compose an essay, typed and double-spaced, not to exceed 1,000 words, on the subject of **"How OAPSE/AFSCME Has Been a Part of Our Family's Life."** (If hand written, the essay must be legible.)
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, 2 and 3) and **ALL** supportive documentation materials must be received by the Selection Committee **in ONE envelope.**
8. Applications **must be postmarked NO LATER than March 1,** in order to be considered.

DISQUALIFICATIONS

1. Any application **postmarked after the FINAL DATE of March 1.**
2. Any application that lacks the requested information or supportive documentation materials.

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TO BE COMPLETED BY APPLICANT

SECTION 1

(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 _____/_____/_____

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TO BE COMPLETED BY OAPSE/AFSCME PARENT OR LEGAL GUARDIAN

SECTION 2

(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.*

DO NOT FOLD

TO BE COMPLETED BY HIGH SCHOOL

SECTION 3

(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 _____/_____/_____

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 the two locations and enclosed the "To Be Completed By The Applicant" section (marked as Section 1) of this application.
- ❑ My Parent/Legal Guardian has completed and I have enclosed the signed "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 current OAPSE/AFSCME Membership Card.
- ❑ 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.)
- ❑ A Representative from my high school has completed and I have enclosed the signed "To Be Completed By The High School" section (marked as Section 3) of this application which includes my G.P.A., my highest SAT score or ACT score and my class ranking, and attached to that section are 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 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**.

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

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