Ohio Association of Secondary School Administrators
SCHOLARSHIP

2026 OASSA Scholarship Information:
OASSA will be awarding (2) $500 scholarship(s) to a graduating senior.

Dear High School Administrators:

The Ohio Association of Secondary School Administrators is pleased to share the information necessary to support the application of students from your high school for the 2026 Scholarships. Each candidate must meet these minimum qualifications:

- Must be a graduating senior.
- Minimum grade point average – 3.25 on a 4.0 scale upon completion of the seventh semester. Note: GPAs must be converted to a 4.0 scale.
- Must have taken either the ACT or SAT national tests (test scores will be required).
- Show evidence of community service throughout their high school career.
- Student must have an active member of OASSA as his/her/their Building Administrator.

The application must be fully completed by the following parties: Student, School Counselor, and at least one Building Administrator.

Students:
Students must complete their portion of the application first. Students are to complete their applications (including the essay portion) prior to February 13, 2026. Students are to email their completed application to their school counselor.

School Counselor:
The school counselor should supply the academic information for the student's application after the student has completed their portion of the application. The information includes the student's rank in the class (if applicable), the student's GPA, and ACT and/or SAT national test scores. School counselors are to email the application with their portion completed to the Building Administrator.

Building Administrator: (NOTE: If mailing application, PLEASE MAKE A COPY FOR YOUR RECORDS)
The Building Administrator (or designee) should supply information for the student's application after the student has submitted their application. The information includes verification of attendance and graduation status. Please submit the final completed application to Heather Powell, Associate Executive Director, via email (hpowell@oassa.org), fax to 614-430-8315 or mail to the OASSA Office (8050 North High Street, Suite 180, Columbus, OH 43235).

**** Please note, only one student can be nominated from each high school. Should OASSA receive more than one application from a school, the first one received will be the only one scored by our panel.***

Scholarship application/notification timeline:

- **February 13, 2026** – deadline for all student candidates to submit their applications to school counselors.
- **February 27, 2026** - deadline for Building Administrators to submit the final completed application to OASSA.
- **March 20, 2026** - scholarship winners and their Building Administrators will be notified via email.

The scholarship winners will be chosen by an OASSA Selection Committee, comprised of (3) OASSA Board Members and (2) OASSA Staff Members.

Scholarship funds will be issued directly to the student applicants. Awards must be used during the 2026-2027 school year.

OASSA Scholarship Application
(Student section)

Please **type** or **print** your answers. If the application is illegible, it will be returned to you.		
1.	LAST NAME:	FIRST NAME:
2.	MAILING ADDRESS (where check will be mailed to winner):	
3.	DAYTIME PHONE NUMBER:	
4.	EMAIL ADDRESS:	
5.	DATE OF BIRTH (XX/XX/XXXX):	
6.	CURRENT HIGH SCHOOL:	NUMBER OF YEARS ATTENDED: ARE YOU A GRADUATING SENIOR?:
7.	Share your post-graduation plans:	
8.	I have applied to (or plan to attend) the following school(s) in the Fall of 2026:	
9.	List your community service activities, hobbies, outside interests, and extracurricular activities:	
10.	List your academic honors, awards and membership/clubs activities:	
11.	What are your educational and professional goals and objectives?	
12.	Name & home address of parent(s) or legal guardian(s): Home phone of parents or legal guardians: Parents/Guardians Email:	

OASSA Scholarship Application
(Student section)

Personal Essay

Please answer **ONE** of the following questions:

How have you worked in your life to make a positive difference in your high school or community?

OR

Tell us about a time when you were a leader.

Submit your response on this page or attach an additional page to this application packet (1,000 words or less).

OASSA Scholarship Application
(Counselor section)

Please **type** or **print** your answers.		
1.	COUNSELOR LAST NAME:	COUNSELOR FIRST NAME:
2.	COUNSELOR DAYTIME PHONE NUMBER:	
3.	COUNSELOR EMAIL ADDRESS:	
4.	STUDENT APPLICANTS CURRENT GPA:	
5.	STUDENT APPLICANTS CLASS RANKING (IF APPLICABLE):	
6.	STUDENT APPLICANTS ACT AND/OR SAT SCORES:	
7.	ANY ADDITIONAL COMMENTS OR ATTRIBUTES WE SHOULD CONSIDER REGARDING THIS APPLICANT? (attach an additional sheet if needed):	

OASSA Scholarship Application
(Building Administrator section)

Please **type** or **print** your answers.		
1.	BUILDING ADMINISTRATOR LAST NAME:	BUILDING ADMINISTRATOR FIRST NAME:
2.	BUILDING ADMINISTRATOR DAYTIME PHONE NUMBER:	
3.	BUILDING ADMINISTRATOR EMAIL ADDRESS:	
4.	CONFIRM STUDENT APPLICANT IS A CURRENT MEMBER OF YOUR HIGH SCHOOL:	
5.	CONFIRM THE NUMBER OF YEARS THE STUDENT APPLICANT HAS BEEN A MEMBER OF YOUR SCHOOL:	
6.	ANY ADDITIONAL COMMENTS OR ATTRIBUTES WE SHOULD CONSIDER REGARDING THIS APPLICANT? (attach an additional sheet if needed):	

Statement of Accuracy

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote OASSA's Scholarship Program.

Signature of scholarship applicant: _____ Date: _____

Parents signature (if under 18): _____ Date: _____

REMEMBER
The deadline for this application to be received by the OASSA Selection Committee is
February 27, 2026.