



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

(*)Required information

<p>*LEGAL NAME: <i>(Must match exactly the name used for filing FAFSA/ORSAA)</i></p>	<p>First Name: _____</p> <p>Middle Initial: _____</p> <p>Last Name: _____</p>
<p>*E-MAIL ADDRESS <i>(Leave blank if you do not have an E-mail Address)</i></p>	<p>E-mail Address: _____</p> <p><i>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.</i></p>
<p>OTHER NAMES</p>	<p>Please list any other first or last names used on documents submitted to OSAC (transcripts, etc.)</p> <p>First Name(s): _____</p> <p>Last Name(s): _____</p>
<p>*DATE OF BIRTH</p>	<p>_____ - _____ - _____</p> <p>2-digit Month 2-digit Day 4-digit Year</p>
<p>*Gender Identity</p>	<p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Trans Female/ Trans Woman</p> <p><input type="checkbox"/> Tans Male/ Trans Man</p> <p><input type="checkbox"/> Non-Binary/Genderqueer/Gender non-confirming</p> <p><input type="checkbox"/> Different Identity Specify: _____</p> <p><input type="checkbox"/> Choose not to say</p>
<p>Pronouns</p>	<p><input type="checkbox"/> She/Her/Hers</p> <p><input type="checkbox"/> He/Him/His</p> <p><input type="checkbox"/> They/Them</p> <p><input type="checkbox"/> Other Pronouns (Specify): _____</p>

<p>*Phone Number <i>(One phone number is required)</i></p>	<p>Mobile Phone Number: _____ Text about updates? <input type="checkbox"/> YES <input type="checkbox"/> NO Home Phone Number: _____</p>
<p>*PERMANENT ADDRESS <i>(If someone is authorized to complete this on your behalf, please include their contact information in the additional contacts)</i></p>	<p>Street: _____ City/State/Zip Code: _____ County: _____ Phone: _____</p>
<p>*MAILING ADDRESS <i>(If different than above)</i></p>	<p>Street: _____ City/State/Zip Code: _____ County: _____ Phone: _____</p>
<p>*PRIMARY ADDITIONAL CONTACT <i>(You must provide at least one additional contact)</i></p>	<p>Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other (Specify) _____ First Name: _____ Last Name: _____ E-mail: _____ Phone 1: _____ Text: <input type="checkbox"/> Yes <input type="checkbox"/> No Phone 2: _____ Text: <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ City/State/Zip Code: _____ <input type="checkbox"/> I approve this contact to also receive my application related E-mails and to speak with OSAC staff about my application status.</p>
<p>SECONDARY Additional Contact (Optional)</p>	<p>Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other (Specify) _____ First Name: _____ Last Name: _____ E-mail: _____ Phone 1: _____ Text: <input type="checkbox"/> Yes <input type="checkbox"/> No Phone 2: _____ Text: <input type="checkbox"/> Yes <input type="checkbox"/> No Address: _____ City/State/Zip Code: _____ <input type="checkbox"/> I approve this contact to also receive my application related E-mails and to speak with OSAC staff about my application status.</p>

<p>*SOCIAL SECURITY NUMBER <i>(If you are filing a FAFSA/ ORSAA, enter the same SSN as you entered on your FAFSA/ ORSAA)</i></p>	<p>SSN: _____ - _____ - _____</p> <p>OSAC asks for your social security number (SSN) as part of your application for the following reasons:</p> <ol style="list-style-type: none"> 1. Identification between applicants. Many people have the same or similar names and birthdays. OSAC needs your SSN to identify your application materials, ensuring 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 to the college where you will receive your scholarship funds. <p>IF YOU DO NOT HAVE A VALID SSN or choose not to provide your SSN, you will be assigned a working number based on your Scholarship Application Number.</p> <p>If you are applying for scholarships or grants that are based on financial need, you must file a FAFSA/ ORSAA.</p>
	<p>*Are you Hispanic or Latino/a/x? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>*Racial Group or Ethnicity</p>	<p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Race/Ethnicity Specify: _____ <input type="checkbox"/> Choose not to say</p>
<p>*Enrolled Tribe Status</p>	<p><input type="checkbox"/> I'm not an enrolled member of a tribe <input type="checkbox"/> Other Non-Listed Tribe <input type="checkbox"/> Burns Paiute Tribe <input type="checkbox"/> Confederated Tribes of Coos, Lower Umpqua and Siuslaw <input type="checkbox"/> Confederated Tribes of Grand Ronde <input type="checkbox"/> Confederated Tribes of Siletz Indians <input type="checkbox"/> Coquille Indian Tribe <input type="checkbox"/> Confederated Tribes of Warm Springs <input type="checkbox"/> Confederated Tribes of Umatilla Indian Reservation <input type="checkbox"/> Klamath Tribes</p>
<p>Select all the apply</p>	<p><input type="checkbox"/> I have dependent children. <input type="checkbox"/> I am currently serving in the Oregon National Guard. <input type="checkbox"/> I will be enrolled in a TSPC approved Educator Preparation Program that results in 1) Preliminary teacher licensure, OR 2) School Personnel licenses, including school counseling, social work, and school psychology. <input type="checkbox"/> I am currently or formerly in foster care or participating in an independent living program. <input type="checkbox"/> My degree will be related to working with or supporting work in the field of Early Learning and Care.</p>

*Citizenship Status	<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen (Includes US Permanent Resident, US Refugee or Asylee) <input type="checkbox"/> Other (Includes DACA or undocumented, but does not include international students on visas such as F1, J1, etc.) <i>Unless otherwise specified in the individual scholarship descriptions, you must be an Oregon resident.</i>
*Have you filed the FAFSA/ORSAA	<input type="checkbox"/> Yes, I have filed. <input type="checkbox"/> I will file the FAFSA/ORSAA. <input type="checkbox"/> No, I will not file the FAFSA/ORSAA.
*Oregon Resident	<p>Have you been an Oregon resident for 12 months preceding college enrollment?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

High School Information or Equivalent

*High School, Home School, or GED®	<p>-Did you (or will you) obtain your high school diploma or GED® while in a correction facility in Oregon? (Note: You can still be eligible for Oregon Promise if you answer YES, per HB 2910.)</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
*School or Equivalent	<input type="checkbox"/> Public/Private Traditional high school <input type="checkbox"/> Community College high school <input type="checkbox"/> Alternative high school <input type="checkbox"/> Home School <input type="checkbox"/> GED® <input type="checkbox"/> GED® and home school <input type="checkbox"/> I do not/will not have a high school diploma or equivalent
*School Name <i>(If you have a GED®, indicate county it was received in)</i>	School Name (do not abbreviate): _____

<p>*Date of High School Completion</p>	<p>Month/Year: _____</p>
<p>*High School GPA</p>	<p>GPA: _____</p> <p><input type="checkbox"/> My high school did not assign letter grades.</p>
<p>SAT and ACT Test Scores</p>	<p>Leave blank if you did not take the SAT/ACT or have not yet received your scores.</p> <p>If you took the test multiple times, use your highest score. For the SAT, use your highest score from each section.</p> <p>SAT Evidence-Based Reading and Writing: _____</p> <p>SAT Math: _____</p> <p>ACT Composite: _____</p> <p>(Leave blank if you did not take the ACT)</p>
<p>Did you work with the ASPIRE program?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>ASPIRE Mentor's Name: _____</p> <p>ASPIRE Site Name: _____</p>
<p>*Disclosures</p>	<p>Publicity Release</p> <p>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.</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Privacy Agreement</p> <ul style="list-style-type: none"> • 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. <p><input type="checkbox"/> I certify that I have read, understood, and agree to the above certification statements.</p>

Family Information

*Parent 1's Highest Level of Completed Education:	<input type="checkbox"/> Middle/Jr High School <input type="checkbox"/> High School <input type="checkbox"/> College or Beyond <input type="checkbox"/> Other/Unknown <input type="checkbox"/> No answer provided
*Parent 2's Highest Level of Completed Education:	<input type="checkbox"/> Middle/Jr High School <input type="checkbox"/> High School <input type="checkbox"/> College or Beyond <input type="checkbox"/> Other/Unknown <input type="checkbox"/> No answer provided
*Are you a first-generation immigrant?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Working Student Questions

<p>*Are you working 20+ hours/week in the current 2024-2025 academic year?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>*Are you planning to work 20+ hours/week in the next academic year (2025-2026)?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>

College Choice

*Your current college choice for the 2025-26 school year	College or University Name: _____ State/Location: _____ <input type="checkbox"/> I will be dual enrolled with another school while attending this school
*College Standing as of Fall Term 2025	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Freshman</div> <div style="width: 50%;"><input type="checkbox"/> Senior</div> <div style="width: 50%;"><input type="checkbox"/> Sophomore</div> <div style="width: 50%;"><input type="checkbox"/> Master's</div> <div style="width: 50%;"><input type="checkbox"/> Junior</div> <div style="width: 50%;"><input type="checkbox"/> Doctorate</div> </div>

College Plans

<p>*Intended Degree</p>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Non-degree program <input type="checkbox"/> Training Certificate <input type="checkbox"/> Associate Degree - Transfer <input type="checkbox"/> Associate of Science <input type="checkbox"/> Associates - Transfer <input type="checkbox"/> Master of Education <input type="checkbox"/> Master of Science <input type="checkbox"/> Physician Assistant/Associate (PA) Program <input type="checkbox"/> Doctor of Dental Medicine (DMD) <input type="checkbox"/> Doctor of Dental Surgery (DDS) <input type="checkbox"/> Doctor of Nursing Practice (DNP) <input type="checkbox"/> Doctor of Medicine (MD) <input type="checkbox"/> Doctor of Medical Science (DMS) <input type="checkbox"/> Doctor of Philosophy (PhD) <input type="checkbox"/> Doctor of Physical Therapy (DPT) <input type="checkbox"/> Doctor of Veterinary Medicine (DVM) <input type="checkbox"/> Doctor of Occupational Therapy (OTD or DOT) <input type="checkbox"/> Juris Doctor (JD) <input type="checkbox"/> Other Doctoral Degree <input type="checkbox"/> Other Degree not listed: _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Bachelor of Arts <input type="checkbox"/> Bachelor of Applied Science <input type="checkbox"/> Bachelor of Science <input type="checkbox"/> Other Bachelor's Degree <input type="checkbox"/> Master of Arts <input type="checkbox"/> Master of Business Administration <input type="checkbox"/> Other Master's Degree </div> </div>
<p>*Major <i>(OSAC Staff will enter the closest major based on the answer provided, or "undecided" if applicable)</i></p>	<p>Major (Enter "Undecided" if unknown): _____</p> <p>Second Major (Optional): _____</p>
<p>*Expected Completion Date</p>	<div style="text-align: center;"> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="font-size: 20px;">-</div> <div style="border-bottom: 1px solid black; width: 150px;"></div> <div style="font-size: 20px;">-</div> <div style="border-bottom: 1px solid black; width: 200px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> 2-digit Month 2-digit Day 4-digit Year </div> </div>
<p>*Your Intended Career/Profession</p>	<p>Career/Profession: _____</p>

College History

<p>*Currently Attending College</p>	<p>College/University Name: _____</p> <p>Date Started: _____</p> <p><i>Optional</i></p> <p>Degree Earned: _____</p> <p>Credits Earned: _____</p>
<p>*Previously Attended College(s)</p>	<p>College/University Name: _____</p> <p>Date Started: _____</p> <p>Date Ended: _____</p> <p><i>Optional</i></p> <p>Degree Earned: _____</p> <p>Credits Earned: _____</p>
	<p>College/University Name: _____</p> <p>Date Started: _____</p> <p>Date Ended: _____</p> <p><i>Optional</i></p> <p>Degree Earned: _____</p> <p>Credits Earned: _____</p>
	<p>College/University Name: _____</p> <p>Date Started: _____</p> <p>Date Ended: _____</p> <p><i>Optional</i></p> <p>Degree Earned: _____</p> <p>Credits Earned: _____</p>
	<p>*Will you have finished two academic years towards a degree or certificate at community college by July 1, 2025?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>

	<p>*Will you have earned your Bachelor's degree by Fall 2025?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>*Cumulative Undergraduate GPA</p>	<p>GPA: _____</p> <p><input type="checkbox"/> My college did not assign grades.</p>
<p>Graduate GPA <i>(Optional)</i></p>	<p>GPA: _____</p>

Scholarships

List the Scholarship number and name of the specific scholarship(s) you wish to apply for as defined in the Scholarship Catalog (enclosed). If a scholarship requires an extra document or essay as prescribed in the Scholarship Catalog, it must be attached to your completed application.

Number _____ Name _____	Number _____ Name _____
Number _____ Name _____	Number _____ Name _____
Number _____ Name _____	Number _____ Name _____
Number _____ Name _____	Number _____ Name _____
Number _____ Name _____	Number _____ Name _____
Number _____ Name _____	Number _____ Name _____
Number _____ Name _____	Number _____ Name _____
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Number _____ Name _____	Number _____ Name _____
Number _____ Name _____	Number _____ Name _____
Number _____ Name _____	Number _____ Name _____
Number _____ Name _____	Number _____ Name _____
Number _____ Name _____	Number _____ Name _____
Number _____ Name _____	Number _____ Name _____
Number _____ Name _____	Number _____ Name _____

Transcripts

***Please note, the type of student you are determines the type of transcript(s) you are required 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> : <ol style="list-style-type: none"> 1. A copy of the Confirmation of Enrollment letter on file at your local Education 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 (541) 687-7400 Option 1
GED® Student	<ol style="list-style-type: none"> 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.
Continuing or Returning College student	<ol style="list-style-type: none"> 1. Submit transcripts of all college coursework taken during 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. <p><i>If all your college coursework was completed more than 10 years ago, you must <u>submit those college transcripts or your complete high school transcripts</u>.</i></p>

Activities

Please share more about how you spend your time outside the classroom - in your school, community, family, and/or workplace. You may list up to 20 activities. You are not required to list an activity in every section. These can include informal activities or commitments such as pet-sitting for neighbors, caring for siblings or family members, etc. This information helps our scholarship selection committees learn more about you. Please avoid using abbreviations or acronyms.

School Activities - List your extracurricular activities. This could include sports, clubs, student leadership, research, school service, exchange programs, and beyond. You may include activities from any time period: high school, college, or university.

Volunteer Activities - List your volunteer activities and/or commitments related to your community, family, place of worship, neighborhood, nonprofit organization, etc. Examples include caring for family members, volunteering at a community event or a food bank, serving as a mentor, tutoring, or assisting siblings with homework.

Paid Work Activities - List your work history such as jobs, internships, apprenticeships, or other work-related activities. This can include informal jobs such as yardwork or babysitting.

Activities Chart

[illegible]

Activities Chart

[illegible]

Personal Statements

***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.

This image shows a full page of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

[illegible][illegible]

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

[illegible]

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

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.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

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.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

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.

[illegible]

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

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.

[illegible]

Certification and Submission

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, 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 application 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 and conditions. I agree, and certify the transcripts provided are true and accurate.**

