



Ohio Association of Career Colleges and Schools

OhioLEADS! Scholarship Application

Application Deadline: April 14, 2017



Name: _____ Phone: (____) _____

Street Address: _____ Email Address: _____

City: _____ State: _____ Zip Code + 4: _____ - _____

I am applying for an **OhioLEADS!** Scholarship in _____
(Name of Program)

_____ from _____
(Scholarship Number) (Name of School and City or Branch)

for the amount of \$ _____

(Please see the Scholarship Opportunities Booklet for a List of Scholarship Programs and Amounts Available to obtain the program name, scholarship number, and school name) NOTE: If you desire to apply for more than one scholarship, please use a separate Application Form for each.

Additional Information:

Name of Parent(s) or Guardian(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

We have read the information regarding the OACCS **OhioLEADS!** Scholarship Program.

STUDENT SIGNATURE

PARENT/GUARDIAN SIGNATURE

School Information:

I certify that the above-named applicant has achieved at the end of the first semester of the **2016-2017** academic year a grade point average of _____ for the **past 4** semesters.

School Name

Address

City

State

Zip Code

Name of School Official (Printed)

Title (Printed)

Email Address

Signature of School Official

Phone Number of School Official

Return all requested documents together to:

Ohio Association of Career Colleges & Schools
Scholarship Committee
2109 Stella Court, Suite 125
Columbus, Ohio 43215
www.ohiocareercolleges.org

(This application may be duplicated)

MORE INFORMATION ON BACK →

How to Apply:

1. **Choose a scholarship(s)** from the list of available scholarships.
2. **Complete** the information on the **Scholarship Application** and obtain the appropriate signatures.
3. **Submit two letters of recommendation** with the application from teachers, counselors, employers or others.
4. Each application must be accompanied by a **copy of your high school transcript (grades) and attendance records** for the past **4 semesters** and a verification of your Grade Point Average **signed** by the school guidance counselor or principal.
5. Submit a written statement of approximately 250 words explaining why you want a career in the field you have listed on this application and why you feel you will be successful in this field. This can be typed or handwritten, but must be on the standard 8 ½ X 11 paper. Your name, address, phone number and high school name should be printed in the upper left-hand corner.
6. Complete the ***OhioLEADS! Nomination Form***. Send the form and a short note asking your choice of civic, community or state leader to nominate you for this scholarship. It is suggested that your note include a brief paragraph about who you are and why you want the scholarship. It is acceptable to send the note and the Nomination Form by email, fax, or U.S. Mail. NOTE: This form should be returned to **you or your counselor** from your nominator **and** then submitted **with** your application.

7. The deadline for submission is April 14, 2107.

8. Applications are to be submitted to:

Ohio Association of Career Colleges and Schools
2109 Stella Court, Suite 125 · Columbus, OH 43215
Phone: 614.487.8180 Fax: 614.487.8190

Other Information

1. Registration processing fees, books, lab charges, and student activity fees are to be paid by the student and will vary depending upon the school and the course of study.
2. The scholarship amount will be allocated over the length of the program.
3. Scholarships are not transferable from one school or program to another.
4. A scholarship committee will select the winner for each scholarship. The recipient must meet the requirements of the college offering the scholarship.
5. Scholarship winners will be notified by **May 19, 2017**
6. Scholarship winners will be posted on the OACCS website:
www.ohiocareercolleges.org



Ohio Association of Career Colleges and Schools

OhioLEADS! Nomination Form

Application Deadline: April 14, 2017



1. Complete **ONLY** the **top section** of this form and send it to your chosen civic, community or state leader requesting that they nominate you for the specific scholarship. (A separate form is needed for **each** additional scholarship for which you apply.)
2. Request that your chosen nominator return the nomination form to **you** or **your high school counselor** for inclusion as part of your Application.

Name: _____ Phone: (____) _____

Street Address: _____

City/State/Zip Code + 4: _____

School Name: _____

School Counselor's Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

I am applying for a career scholarship in _____

(Name of Program)

_____ from _____

(Scholarship Number)

(Name of College/School and City)

Nomination: (To be completed by person nominating student)

I hereby nominate _____
to be considered by the ***OhioLEADS!*** Committee for the above mentioned Scholarship.

Signature

Title, Organization

Contact Information:

Address: _____

City, St Zip: _____

Phone: _____

Nomination Form should be returned to high school counselor