

**O.A.P.S.E. /Rossford Local #384  
Scholarship Application Provisions**

**Qualifications:**

The Rossford Local #384 OAPSE Scholarship Program is available to children whose parent/guardian is a member in good standing of the Ohio Association of Public School Employees/AFSME Local #4 AFL-CIO. Scholarship award winners will be selected from the applicants who meet the eligibility requirements. If an applicant receives a fully paid scholarship or grant from another source, he/she shall be ineligible to receive the Rossford Local #384 OAPSE Scholarship.

Any graduating high school senior who is a daughter/son of an active OAPSE member or whose legal guardian is an active OAPSE member, and who intends to enroll in a full-time degree program in any accredited college, university, business, or technical school is eligible to apply.

**To Apply:**

1. Complete the Applicant's section
2. Provide two letters of recommendation or other evidence of your character or abilities. Do not use a relative. The attached recommendation form may also be used.
3. In an essay of one typewritten page (not to exceed 500 words), tell why you feel you deserve this scholarship. Discuss your goals, your accomplishments (include school activities you have been/are involved in or jobs you've worked), your needs, and any unusual/special circumstances that will help the committee in reaching a decision. Attach the essay to the application form.
4. Have your parent or legal guardian complete OAPSE's Parent section.
5. Have your counselor or principal complete the High School section.
6. Submit the results of either the SAT or ACT.
7. Make sure your completed application with all supportive documentation is returned to the OAPSE Scholarship Committee, c/o Rossford High School Guidance Office, by **Friday, March 26, 2021.**

**O.A.P.S.E. /Rossford Local #384  
Scholarship Application**

To be completed by the applicant: Attach additional sheets if necessary.

1. Applicant's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Graduation Date: \_\_\_\_\_
2. In what activities did you participate in high school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. List any offices held or honors received in these activities. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. List any academic honors which you may have received. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Indicate universities, colleges, business or technical schools you have been accepted to or applied to and any grants or scholarships awarded. Also, include your proposed major.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Are your parents assisting any other member(s) of your family to attend college next year?  
\_\_\_\_\_  
Who and the relationship to you? \_\_\_\_\_
7. Are there economic or unique factors that make you especially worthy of receiving scholarship support? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To be completed by the OAPSE Parent/Guardian:

1. Name of Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_
2. Work location: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**O.A.P.S.E. Rossford Local #384  
Recommendation Form**

Note to Applicant: Allow two weeks for your reference to complete this form. You will need two recommendations included with your application.

I, \_\_\_\_\_, am applying for the OAPSE Local #384 Scholarship and would like to use you as a reference. Please complete and return this form to me so I may return it along with my scholarship application no later than **Friday, March 26, 2021**.

1. How long have you known the applicant and in what capacity?

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2. What is your evaluation of the applicant's;

a. Leadership/participation ability \_\_\_\_\_

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b. Citizenship? \_\_\_\_\_

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c. Character? \_\_\_\_\_

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d. Potential to succeed? \_\_\_\_\_

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3. Are there economic or unique factors that make this applicant especially worthy of receiving scholarship support? \_\_\_\_\_

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Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**O.A.P.S.E. Rossford Local #384  
Recommendation Form**

Note to Applicant: Allow two weeks for your reference to complete this form. You will need two recommendations included with your application.

I, \_\_\_\_\_, am applying for the OAPSE Local #384 Scholarship and would like to use you as a reference. Please complete and return this form to me so I may return it along with my scholarship application no later than **Friday, March 26, 2021**.

1. How long have you known the applicant and in what capacity? \_\_\_\_\_  
\_\_\_\_\_
  
2. What is your evaluation of the applicant's;
  - a. Leadership/participation ability \_\_\_\_\_  
\_\_\_\_\_
  
  - b. Citizenship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  - c. Character? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  - d. Potential to succeed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Are there economic or unique factors that make this applicant especially worthy of receiving scholarship support? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**O.A.P.S.E/Rossford Local #384  
Scholarship Application High School Report**

Dear Principal or Counselor:

This student is an applicant for OAPSE Local #384 Scholarship. To aid in the selection process it is necessary that the Local #384 Scholarship Committee receive the information regarding the student's character, ability and performance sought in this High School Report. The information will be used only by the Committee. Additional paper may be used, if necessary. It is very important that this report be completed and included with the application for review no later than **Friday, March 26, 2021.**

1. Name of school: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

2. Name of Principal: \_\_\_\_\_

3. Length of time you have known this student: \_\_\_\_\_

4. What is your general evaluation of this student: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Special circumstances should be considered when evaluating a student's achievement record and test scores. Please specify. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Other comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Please attach a copy of the applicant's transcript showing SAT and ACT scores.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_