



**Memorial  
Scholarship  
Foundation  
Program**



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**DO NOT MAIL. KEEP THIS PORTION FOR YOUR RECORDS.**





# **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, college, business or technical 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.

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 Carla Daniels (Southeast 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.

**Joseph P. Rugola**  
Executive Director

**Lois Carson**  
State President

**Michael Lang**  
State Vice President

**Sandra Wheeler**  
State Secretary

**OAPSE/AFSCME Memorial Scholarship Foundation, Inc.**  
Directors –

**Stephanie Wiley**  
President

**Beverly Payne**  
Secretary

**Lynne McGraw**  
Treasurer/Director of Accounting

**Veda Rugola**  
Staff Advisor/Consultant

# 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 (1<sup>st</sup>) semester or trimester of the twelfth (12<sup>th</sup>) 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.



# TO BE COMPLETED BY APPLICANT

(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)

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List any offices held and/or honors received in these activities.

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List any academic honors you have received.

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Indicate Universities, Colleges, Business or Technical Schools you have applied to for acceptance or have been accepted to, any grants and/or scholarships awarded.

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List your Proposed Major/future goals. \_\_\_\_\_

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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 \_\_\_\_/\_\_\_\_/\_\_\_\_

# 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.

# TO BE COMPLETED BY HIGH SCHOOL

(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 12<sup>th</sup> 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**