Oklahoma Sheriffs' Association

1615 South State Street Edmond, OK 73013 405-471-6049 FAX 405-471-6097

O.S.A. Scholarship Application

Instructions for Applicant

- 1. You are applying for a \$750.00 scholarship to attend an Oklahoma college or university. Applications will only be accepted utilizing the following form.
- 2. Application must be completed by the applicant, signed by applicant and signed by parent or guardian. Applicants must provide a current transcript of grades, GPA, ACT/SAT test scores.
- 3. Applicant must provide a letter of recommendation from their high school principal, guidance counselor, college registrar or other school official. Letter of recommendation must include a complete assessment of the applicant's scholastic achievements, leadership abilities, extra-curricular activities, initiative, citizenship and any known financial needs. You can also request this information from the school official by using the last page of this application.
- 4. All documents from high school or college/university must be an official document with school seal or on school letterhead.

Requirements

- 1. All applicants must be Oklahoma residents.
- 2. All applicants must be committed to pursuing an education at an Oklahoma college or university.
- 3. All applicants must enroll as a full-time undergraduate student (12 semester hours or more) or a graduate student (9 semester hours or more).
- 4. All high school or college documents must be an official document on either school letterhead or with an official school seal.

All information must be typed or hand printed neatly, completed in full and returned no later than

August 1st to:

Oklahoma Sheriffs' Association 1615 South State Street Edmond, OK 73013



O.S.A. Scholarship Application

Name			
Last	First	Middle	
Home Address			
P.O. Box or Street	City	State	Zip
Phone Number ()	County of Residence		
Date of Birth	Social Security #		
Name of OSA Member	OSA ID#	Relationsh	ip to Applicant
OSA Member Address			
P.O. Box or	Street City	State	Zip
Father's Name	Place of Employment		Position
Father's Address			
P.O. Box or Street	City	State	Zip
Home Phone Number ()	Business Phone Number()	
Mother's Name	Place of Employment		Position
Mother's Address			
P.O. Box or Street	City	State	Zip
Home Phone Number ()	Business Phone Number()	
Name of High School Attended		Year of Graduation	
Name of college/university you attend or	plan to attend		
Date you entered or expect to enter (mon	th/year)		
Type of education or field of study you pla	an to pursue		

I am currently enrolled as a senior	in high sch	nool: Yes () No ()
I am currently enrolled in a college	_	
Freshman () Sopl	homore () Junior () Senior () Graduate Student ()
Do you reside with your parents?	Yes ()) No ()
Name of parent(s) you reside with		
List adjusted gross income of pare	ent(s) report	rted on last I.R.S. tax return \$
List your adjusted gross income as	s reported o	on last I.R.S. tax return \$
Please list names, ages and relation	onships of p	parents or student dependents in your immediate household
Name	Age F	Relationship
	•	·
		
Number of household members (e	then then we	
·		ourself) that are full-time college students:
What other methods do you plan to	o use to fina	ance your college education:
Please list any special awards or r	ecognition	you have received for scholarships or other scholastic-oriented
achievements:		
Please list any hobbies or leisure-	time activiti	ies that are of interest to you and any special recognition you m

Please list your high school and/or college clubs, organizations, activities and any offices or positions held:

	Activity	Office/Position	Years H	leld
Please list any	non-school, volunteer or	community activities in which you	have or currently partic	cipate:
	Activity	Office/Position	Years H	leld
Employment R	Record (most recent first):			
, -	Employer	Duties	Start/Er	nd Date
Have you ever	been convicted of a crim	e that would make you ineligible fo	or employment in your n	najor field o
iday .		date:		
Have you ever		ug or alcohol related offenses?		
	If yes, type of arrest and	date:		
lave you ever	received an OSA scholar	rship? No () Yes () year received	
)n a separate	paper, please write a sho	ort essay, no more than two pages,	, double spaced, on the	se items:
a. b. c. d. e.	your course of college st	cision for this course of study from college	ool	
State any cond into considera		s or possible hardships which the S	Scholarship Committee	should take

information will be reviewed and may be v	ned in the application is accurate and complete. I understand this rerified. In applying for this scholarship, I also grant the Oklahoma h information from this application in the Oklahoma Sheriff magazine ceive a scholarship award.
Print Name of Applicant	Print Name of Parent or Guardian
Signature of Applicant	Signature of Parent or Guardian
Date	Date

School Recommendation Form Please use the space below to provide the Scholarship Committee your assessment of the applicant. Please

include your appraisal of the applicant's scholastic achievements, leadership, extra-curricular activities, initiative, citizenship and any known financial need.			
	5		
Name print	Position print		
Name	·		
signature			