



Oregon Employer Council South Coast

SCHOLARSHIP APPLICATION

Application Criteria

- Applicant must have a minimum cumulative grade point average of 3.0 (or equivalent).
- Applicant must have selected a vocational/technical institution or college located in the State of Oregon and must be approved by the Oregon Employer Council South Coast Scholarship Committee.
- Strong consideration will be given to students showing a commitment to community service.
- Preference will be given to those students who have family members affiliated with the Oregon Employer Council South Coast.

Application Checklist

Only complete applications will be considered. A complete application packet consists of:

- Completed Application Information Form
- Two letters of recommendation or completed reference forms
- Photocopy of official school transcript
- A 200 – 300 word summary of your extracurricular activities—include offices held, committee participation, and community service involvement.
- A 200 – 300 word essay describing your reasons for furthering your education and training—include why you chose your particular area of study or educational goal, what efforts you have made towards this goal, and why you should be considered to receive this scholarship award.

APPLICATION DEADLINE

This form must be postmarked or emailed no later than **April 12, 2019.**

Applicant Information Form

Enter as much information as necessary; fields will grow as needed.

Name of Applicant	
Mailing Address	
Telephone	
Email	
High School you are graduating from	
High School graduation date (m/d/yyyy)	
Vocational Career Choice	
Vocational/Technical School or College	
Projected length of the program	
What is your long-range career goal?	

Employment – Past Two Jobs*(If none, indicate with "n/a")*

Most Recent Employer		
Supervisor		
Dates of Employment	From (m/d/yyyy)	to (m/d/yyyy)
Telephone		
Job Responsibilities		

Previous Employer		
Supervisor		
Dates of Employment	From (m/d/yyyy)	to (m/d/yyyy)
Telephone		
Job Responsibilities		

Print and Sign Form

By submitting this application, I understand and agree that the information in this application will be provided to a review committee. Also, if selected for the award, my name may be used in marketing activities of the Oregon Employer Council South Coast.

Applicant Signature _____ Date _____
(Your signature is not required if application is emailed from your personal email account.)

To return this form by mail:

Oregon Employer Council South Coast
 Scholarship Committee
 PO Box 1354, North Bend, OR 97459

To return this form by email: Email your application to oeccsouthcoast@gmail.com

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