Academy for Lifelong Learning

"in partnership with Oregon State University"

Academy for Lifelong Learning $2,000 Scholarship Available for OSU Seniors!

February 15, 2019

Dear Ms. Nicole Kent,

The Academy for Lifelong Learning (ALL) is pleased to announce that its 2019-2020 Scholarship Application is now available and is attached below. We are sending this information to you in hopes that you know of OSU students who meet the criteria below and who might benefit from this scholarship program.

The student

1. Will be a full-time domestic student in the final year of his/her undergraduate studies during the 2018-19 academic year;

2. Has a cumulative GPA of 3.2 or above; and

3. Qualifies for financial assistance as defined by the OSU Office of Financial Aid and Scholarships.

If you know of students who meet these criteria, please provide them with a copy of the attached application. Also, please feel free to forward this email to other OSU faculty and staff members who might know of such students. If you have any questions, please contact ALL Scholarship Committee Chair Rebecca Marti at rebecca.marti64@gmail.com

Thank you!

Rebecca Marti
Chair, Scholarship Committee
Academy for Lifelong Learning

EMBRACING LIFELONG LEARNING

PO Box 923  ■  Corvallis, OR 97339-0923  ■  541-737-9405  ■  academyforlifelonglearning.org
Academy for Lifelong Learning Scholarship

One $2000 scholarship. Scholarship criteria: Recipient will be a full-time undergraduate domestic student in the final year of his/her undergraduate studies with a cumulative grade point average of 3.2 or above. Applicants must qualify for financial assistance as defined by the OSU Office of Financial Aid and Scholarships.

Scholarship Posted: Friday, February 22, 2019
Application deadline (postmarked by): Friday, April 26, 2019

INSTRUCTION FOR SUBMISSION OF YOUR PACKET

- Complete the application and sign where indicated.
- Send your application to: ALL, P.O. Box 923, Corvallis, OR 97339

General Information:

Name: ________________________________  ________________________________  ________________________________
                                           Last  First  Middle Initial

OSU ID NUMBER: ___________________ - ___________________ - _________

Current Mailing Address: _____________________________________________________________

                                      Street

                                       City  State  Zip Code

Phone Number(s): ________________________________________________________________

E-mail Address: ________________________________________________________________

Educational Information:

As of September 2019, I will enroll as a full-time student in:

Declared major: ________________________________________________________________

Proposed graduation date: ______________

Cumulative OSU GPA: ______________

How did you hear about this scholarship?

______________________________________________________________________________
Questions:

Please answer all of the questions below on an extra sheet of paper. Include any information that will be helpful to the scholarship committee in making its decision.

1. List school activities and community services in which you have participated during your undergraduate studies so far.

2. List awards, honors, or special recognitions you have received so far.

3. Describe your future educational and professional goals. If your goals include promoting lifelong learning, please describe.

4. Please describe how the scholarship will aid your needs.

5. Include confidential letters of reference from two persons (e.g., your current academic advisor, a course instructor in your major, etc.) who can address how your academic studies and extracurricular activities relate to your professional goals. References should be submitted in sealed envelopes.

6. Include an unofficial grade transcript of all your completed university work and a financial transcript (FAFSA) supporting your need.

Certification, Signature & Release:

By signing and dating this application, I certify that all information I have provided is true. I agree to provide proof of the information on this application if requested. Any information you provide to the scholarship committee will be considered confidential and will be used for the sole purpose of scholarship selection.

Signature: ___________________________ Date: ___________________________

The ALL Scholarship Committee will make selection of the ALL Scholarship recipient.

ALL DOCUMENTS MUST BE POSTMARKED BY FRIDAY, APRIL 26, 2019