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To the Renewing Applicant, those who have previously received an Ousley Scholarship:

2018-2019 Academic Year

Please read these instructions carefully. **Each year applications are not considered because of a failure to include the necessary documentation listed below.** A complete application requires the following additional documents by the deadline:

* **FAFSA** in its entirety – which includes your EFC (Estimated Family Contribution)
* **Official College Transcript(s),** (“Official Transcript” is produced by your school(s) of attendance in a sealed envelope, not simply downloaded from your school’s website and printed by you)
* **Financial Aid Award Letter** if you have received it, if not, send it to us as soon as it is available

And as a final reminder, be sure **you** have **signed the student certification** **and** your **parents** have **signed the certification** that is on **page 3** of the application.

We look forward to considering your complete application for the Ousley Scholarship.

| amy HERYFORD OUSLEY AND JAMES HERYFORD OUSLEYEDUCATIONAL FUND SCHOLARShip renewal Application **FOR THE 2018-2019 ACADEMIC YEAR** This form is only to be used by applicants who have PREVIOUSLY RECEIVED an Ousley EDUCATIONAL scholarship. | | | | | | | | | | | | | | | | | | |
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| Applicant Information | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | Marital Status: | | | | | | | | | # Dependents: | |
| Date of birth: | Student ID Number: | | | | | | | | | | Phone: | | | | Email: | | | |
| Address: | | | | | | | | | City: | | | | | | State: | | | Zip: |
| I did graduate from High School (in Klamath County) on | | | | | | | | | | | | | | | | | | |
| I plan to / am attending College/University/Vocational School. | | | | | | | | | | | | | | | | | | |
| It is located in: | | | | | I will be a: Fr / So / Jr / Sr / or Graduate Student | | | | | | | | | I expect to graduate in 20\_\_ | | | | |
| Degree objective: | | | | | | My intended vocation or profession is: | | | | | | | | | | | | |
| Present Employer: | | | | | | Position: | | | | | | | | | | City: | | |
| Number of years you have previously received an Ousley Scholarship: | | | | | | | | | | | | | | | |  | | |
| FAMILY Information | | | | | | | | | | | | | | | | | | |
| *Please enter all applicable information:* | | | | | | | | | | | | | | | | | | |
| Father’s / Step Father’s / Guardian’s Name: | | | | | | | | | | | | | | | | | | Age: |
| Address: | | | | | | | City: | | | | | | | State: | | | | ZIP: |
| Phone: | | | Employer: | | | | | | | | | | | Occupation: | | | | |
| Mother’s / Step Mother’s / Guardian’s Name: | | | | | | | | | | | | | | | | | | Age: |
| Address: | | | | | | | City: | | | | | | | State: | | | | ZIP: |
| Phone: | | | Employer: | | | | | | | | | | | Occupation: | | | | |
| Spouse’s Name: | | | | | | | | | | | | | | | | | | Age: |
| Address: | | | | | | | City: | | | | | | | State: | | | | ZIP: |
| Phone: | | | Employer: | | | | | | | | | | | Occupation: | | | | |
| Dependents of Your parents / step-parents / guardians / or self | | | | | | | | | | | | | | | | | | |
| Names | | | | Relationship | | | | | | Age | | | % Dependency | | | | | Living at home? |
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| academic information | | | | | | | | | | | | | | | | | | |
| List all colleges attended. **Important:** Attach **OFFICIAL** transcript from last college attended.  Attach a **COMPLETE** copy **(ALL PAGES)** of Student Aid Report (SAR) | | | | | | | | | | | | | | | | | | |
| Colleges / Universities Attended | | | Location (City, State) | | | | | | | | | | | | Dates Attended | | | |
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| Cumulative GPA: | | Cumulative Credit Hours: | | | | | | | | | |  | | | | | | |

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| PLEASE UPDATE US ON YOUR ACADEMIC PROGRESS, YOUR CURRENT MAJOR AND career plans.how and why did you decide upon this career choice? | | | | | | | |
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| FINANCIAL INFORMATION | | | | | | | |
| *Attach a copy of your FAFSA Student Aid Report (SAR)* | | | *Enter Expected Family Contribution (EFC) from (SAR)* | | | | $ |
| **Estimate of next year’s college expenses and resources** | | | | | | | |
| Estimated budget from (month/year) | / | | | to (month/year) | | / | |
| EXPENSES | | | | | RESOURCES | | |
| tuition | | $ | | | own savings | | $ |
| books & supplies | | $ | | | summer earnings | | $ |
| room & board | | $ | | | earnings during school year | | $ |
| Other (specify): | | $ | | | family contribution | | $ |
| other (specify): | | $ | | | SCHOLARSHIPS/GRANTS(Itemize below) | | $ |
| other (specify): | | $ | | | lOANS (Itemize below) | | $ |
| TOTAL eXPENSES: | | $ | | | TOTAL RESOURCES: | | $ |

*NOTE: TOTAL EXPENSES MUST EQUAL TOTAL RESOURCES*

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| **ADDITIONAL BUDGET INFORMATION** | | | | | |
| List here any scholarships, grants and loans from college resource estimate above.  Indicate type - whether Scholarship (S); Grant (G); or Loan (L) | | | | | |
| **Name or Source of Grant or Loan** | **Type** | **$ Amount** | **Name or Source of Grant or Loan** | **Type** | **$ Amount** |
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| ADDITIONAL INFORMATION |
| Explain below any circumstances not covered by this questionnaire that you believe have some bearing on your application for this scholarship. |
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| SIGNATURES | | | |
| Student | | | |
| *Your signature is authorization for U.S. Trust, Bank of America Wealth Management or the Ousley Scholarship Committee to provide and receive information from the Financial Aid Office of the educational institution you attend.* | | | |
| I certify the information provided on this application is true and correct to the best of my knowledge.  Other than minor traffic violations, I have (or have not) been convicted of a violation of the law.  *(If you have been convicted of a violation of the law, please describe the incident in the section “Additional Information” above.)* | | | |
| **Signature of**  **applicant:** |  | Date |  |
| Parent / Guardian SIGNATURE REQUIRED –See note below | | | |
| I certify that the information provided on this application is true and correct to the best of my knowledge. | | | |
| **Signature of parent/guardian:** |  | Date |  |
|  | | | |
| note TO STUDENT and family | | | |
| **Please note that a parent signature is required even if the student is 18 years of age or older unless the student is financially independent and no longer claimed as a dependent on the parents’ tax return. Information provided in this application will remain confidential with the Ousley Scholarship Committee and any necessary vendors. The Committee reserves the right to request further documentation of the above statements if necessary.** | | | |

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| Submitting the application | |
| Check off (X) each item that is included in your packet. All items must be submitted for your application to be considered. The one exception is that if you have not yet received your Financial Aid Award Letter then you may mark “N/A” for “Not available” and submit that document separately, when it is received. | |
|  | **Official copy** of your most recent college transcript. Student generated, computer copies are NOT acceptable. |
|  | **Complete Copy (all pages)** of Your FAFSA Student Aid Report (SAR) including Expected Family Contribution (EFC) |
|  | Copy of Your Financial Aid Award Letter from your college or university or other institution. |
|  | *If not yet received, check here \_\_\_\_\_ and submit immediately upon receipt.* |
| Mail (do NOT email) your completed application and attachments to: | |
| Ousley Scholarship Committee  PO Box 446  Klamath Falls, OR 97601 | |
| PLEASE NOTE | |
| * INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. * APPLICATION AND ATTACHMENTS MUST BE POSTMARKED BY **March 15, 2018**. * Award notifications will be made by May 31, 2018. | |
| *If you have questions, please email:* [*OusleyEdFund@aol.com*](mailto:OusleyEdFund@aol.com) Rev. January 9, 2018 | |