To the <u>Renewing Applicant:</u> Those who have previously received an Ousley Scholarship:

2024-2025 Academic Year

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

- **FAFSA** (Entire report) which includes your EFC (Estimated Family Contribution) or an Oregon Student Aid Report (OSAR), if applicable.
- <u>Official College Transcript(s)</u>, ("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 (Optional)
- Deadline: Submit application by March 20, 2024

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 OUSLEY EDUCATIONAL FUND SCHOLARSHIP **RENEWAL** APPLICATION FOR THE 2024-2025 ACADEMIC YEAR

THIS FORM IS **ONLY** TO BE USED BY APPLICANTS WHO HAVE <u>PREVIOUSLY RECEIVED</u> AN OUSLEY EDUCATIONAL SCHOLARSHIP.

APPLICANT INFORMATION											
Name:				M	larital	Status:			#	Dep	endents:
Date of birth:	Student	t ID Number:				Phone:			Email:		
Mailing Address:					City:				State:		Zip:
I did graduate from				Hig	gh Sch	ool (in Klam	ath Count	y) on			
I plan to / am attending							Co	ollege/	Univers	sity/V	ocational School.
It is located in:	I will be a: Graduate S							I exp 20	expect to graduate in 0		
Degree objective:				My intend	ed voc	ation or pro	fession is:				
Present Employer:				Position:					City:		
Number of years you have	previous	sly received an Ou	Isle	y Scholars	hip:						
		F	AN	ILY INFO	ORMA	TION					
Please enter all applicable	informat	tion:									
Father's / Step Father's / G	Guardian's	s Name:									Age:
Address:				City:				State:			ZIP:
Phone:	: Employer:						Occupation:				
Mother's / Step Mother's /	Guardiar	n's Name:									Age:
Address:			City:				State	State:		ZIP:	
Phone:		Employer:					Occupation:				
Spouse's Name: Age:							Age:				
Address: C			City:	City:				e:		ZIP:	
Phone:		Employer: Occupation					pation:				
DEPENDENTS OF YOUR PARENTS / STEP-PARENTS / GUARDIANS / OR SELF											
Names Re		elat	lationship Age %			% [Dependency			Living at home?	
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			
Cumulative GPA:	0	Cumulative Credit	Но	urs:							

PLEASE UPDATE US ON YOUR ACADEMIC PROGRESS, YOUR CURRENT MAJOR AND CAREER PLANS. HOW AND WHY DID YOU DECIDE UPON THIS CAREER CHOICE?							
FINANCIAL INFORMATION							
Attach a complete copy of your FAFSA Student Aid Enter Expected Family Contribution (EFC) from (SAR) \$ Report (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 (Ite	\$			
OTHER (SPECIFY):	\$		LOANS (Itemize below)		\$		
TOTAL EXPENSES: \$ TOTAL RESOURCES: \$							

NOTE: TOTAL EXPENSES MUST EQUAL TOTAL RESOURCES

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	Туре	\$ Amount	Name or Source of Grant or Loan	Туре	\$ Amount		

ADDITIONAL INFORMATION

Explain below any circumstances not covered by this questionnaire that you believe have some bearing on your application for this scholarship.

SIGNATURES							
Student							
Your signature is authorization for U.S. Trust, Bank of America Wealth Management, its vendors 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 Date 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.

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) or an Oregon Student Aid Report (OSAR)							
Co	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) or Drop off your completed application and attachments to:							
Ousley S	Ousley Scholarship Committee -or- Lam Law Office PC (Drop off)						
PO Box 446 111 N. 7 th Street							
Klamath Falls, OR 97601 Klamath Falls, OR 97601							
PLEASE NOTE INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.							
 APPLICATION AND ATTACHMENTS MUST BE CONSIDERED. APPLICATION AND ATTACHMENTS MUST BE POSTMARKED BY <u>March 20, 2024</u>. 							

• Award notifications will be made by June 15, 2024.

If you have questions, please email: OusleyEdFund@aol.com

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