To the New Applicant: Never applied nor received an Ousley Scholarship:

2024-2025 Academic Year

Please read these instructions carefully. <u>Deadline for applications this</u> <u>year is March 20, 2024</u>. Each year many applications are not considered because of a failure to include the necessary documentation listed below and/or compliance with the deadline. A complete application requires the following additional documents by the deadline:

- <u>FAFSA</u> (the entire report) which includes page 1 with your EFC (Estimated Family Contribution) and all the following pages. FAFSA applications and/or submission verifications are not acceptable. OSAR (Oregon Student Aid reports) are acceptable, in lieu of a FAFSA where applicable).
- Official High School Transcript (Required of all new applicants even if you are in college. An Official Transcript is produced by your high school in a sealed envelope, signed by a school official and/or with a raised seal and not simply downloaded from your school's website and printed by you)
- Official College Transcript(s) if you are already in college, or have received college credits, ("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).
- Do not send letters of recommendations.
- Deadline: Submit application by March 20, 2024

And as a final reminder, be sure you have signed the student certification and a parent has 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 APPLICATION FOR THE 2024-2025 ACADEMIC YEAR

Use this form if you have never been awarded an Ousley Scholarship.

Prior Ousley Scholarship recipients, please use the renewal form.

		APP	LIC	CANT INFORMATION					
Name:				Marital Status:			# Dependents:		
Date of birth:	Last 4 Digits SSN:			Phone:		Email:			
Mailing Address:	City:					State:		Zip:	
I will / did graduate from				High School (in Klamath Cou	ınty) on				
I plan to / am attending			_				Iniversity/Vocational School.		
It is located in:				e a: Fr / So / Jr / Sr or ate Student I expect to g			graduate in 20		
Degree objective:			My intended vocation or profession			n is:			
Present Employer				Position:		City:			
		ΕΛ	MI	I V INFORMATION					
FAMILY INFORMATION Please enter all that are applicable									
Father's / Step Father's / Guardian'	s Name:							Age:	
Address:	City:				State	e:		Zip:	
Phone:	Employer:		Occı	Occupation:					
Mother's / Step Mother's / Guardian	ı's Name:							Age:	
Address: City:			City:	: State:			Zip:		
Phone:	Employer:				Occı	upation:			
Spouse's Name:								Age:	
Address:	City:				State	e:		Zip:	
Phone:	Employer:			Occupation:					
DEP	ENDENTS OF	YOUR PAR	REN	TS / STEP-PARENTS / GUA	RDIANS	/ OR S	ELF		
Names				Relationship	A	ge (% Dependency	Living at home?	
		ACA	NDE	MIC INFORMATION					
List all high schools and any college Important: Attach OFFICIAL tra		st high sch	000	attended AND OFFICIAL trans	script froi	n any co	ollege attended.		
Schools Attended			Location (City, State)				Dates Attended		

List participation and le		in clubs,	, sports, ac	ctivitie	s including ou	it-of- school activities	s and any wo	ork experienc
whether paid or volunt Name of Activity or Job	Dates (From	To)	Hours / V	Veek	Responsibilitie	es/Accomplishments		
Traine of Activity of 300	Dates (110111	, 10)	Tiours / V	*CCR	Responsibilitie	.o/ Accomplianmenta		
Write about your caree Explain why you want to g	•		you decide	upon t	his career choic	re? Minimum 250 words	. Maximum 30	00 words.
		F	TNANCTA	I TNE	ORMATION			
Attach a COMPLETE copy Student Aid Report (SAR)	(all pages) of your I					ibution (EFC) from (SAR) \$	
	callage averages							
Estimate of next year's Estimated budget from	college expenses	ana resou	ırces	To (Month/Year)	1		
Month/Year)		/		10 (nontri rear)		/	
	EXPENSES					RESOURCES	3	
uition		\$		Own	savings		\$	
Books & Supplies		\$			mer earnings		\$	
Room & Board		\$			ings during sch	ool vear	\$	
Other (specify):		\$			ly Contribution		\$	
Other (specify):		\$				(Itemize below)	\$	
Other (specify):		\$		Loar	s (Itemize belo	w)	\$	
TOTAL EXPENSES:		\$		TOT	AL RESOURCE	S:	\$	
		NOTE: T	otal expense	es mus	t equal total res	<i>Sources</i>		
			· ·		<u> </u>			
Additional Budget Info								
						source estimate above.		
Name or Source of Grant of	Indica or Loop				<i>ip (S); Grant (G</i> e or Source of (Typo	Amount
vaine of Source of Grant (JI LUAII	Type	Amount	ivaii	e or source of (JI GIIL VI LUdII	Туре	Amount
			\$					\$
			\$	1				\$
			\$ \$	1				\$ \$
			\$					\$
			JAMES			USLEY EDUCATE 2025 ACADEM:		
						Dusley Scholarship. The renewal form.		
Cumulative GPA	Class Ranking		SA	AT or A	-			

		ADDITIONAL INFORMA	IATION	
Explain be	elow any circumstances not covered by this	questionnaire that you believe	e have some bearing on your application for this scholarsh	ip.
		SIGNATURES		
Student				
	ature is authorization for U.S. Trust, Bank ove information from the Financial Aid Office		nt, its vendors or the Ousley Scholarship Committee to pro you attend.	vide
	ne information provided on this application County for four years and that I will be a re		of my knowledge. I certify that I have attended high schof July 1st of the year of this application.	ool in
(If you ha			on of the law. in the section "Additional Information" above.)	
Signature applicant			Date	
Parent /	Guardian SIGNATURE REQUIRED-See	Note Relow		
			pplicant attended high school in Klamath County. I certify	that
	nation provided on this application is true a			ciiac
Signaturo / guardia	e of parent		Date	
, , , , , , , , , , , , , , , , , , , ,				
		NOTE TO STUDENT AND	FAMILY	
independ remain o	dent and no longer claimed as a deper	ndent on the parent's tax re ip Committee and any nece	years of age or older unless the student is financially eturn. Information provided in this application will essary vendors. The Committee reserves the right to	_
		SUBMITTING THE APPLI	ICATION	
that if you			d for your application to be considered. The one exception irk "N/A" for "Not available" and submit that document	ı is
	Official High School Transcript AND app	olicable Official college transcri	ripts. Student generated, computer copies are NOT accept	table.
	Complete Copy (all pages) of Your FA Student Aid Report (OSAR)	rFSA Student Aid Report (SAR)	including Expected Family Contribution (EFC) or Oregon	l
	Copy of Your Financial Aid Award Letter to If not yet received, check here an			
Mail (do	NOT email) or drop off your complete	d application and attachme	ents to:	
-	Ousley Scholarship Committee	-OR-	Drop off at: Lam Law Office PC	
	PO Box 446 Klamath Falls, OR 97601		111 N. 7 th St Klamath Falls, OR 97601	

PLEASE NOTE

- INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
 APPLICATION AND REQUIRED ATTACHMENTS MUST BE POSTMARKED BY March 20, 2024.
- Award notifications will be made by June 15, 2024.

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

Rev. 1/2/2024