



## OCAPA MEMBERS' SCHOLARSHIP PROGRAM

### **THE PROGRAM:**

OCAPA Members' Scholarship program is designed to encourage and recognize the academic achievements of the children and spouses of active full-time members of OCAPA. This recognition will be in the form of a scholarship to help with their college education.

Awards are granted without regard to race, color, creed, religion, sexual orientation, age, gender, disability or national origin.

### **ELIGIBILITY:**

Applicants to the OCAPA Members' Scholarship Program must be –

- A US citizen.
- A natural or adopted child or step-child of an active, full-time employee of a member of OCAPA, or a spouse of a member of OCAPA who has been employed by an OCAPA member on a regular basis, as defined by the respective employing company, for a minimum of one year as of the application deadline.
- High school seniors or graduates who are planning to enroll or students already enrolled in a full-time\* undergraduate or graduate course of study at an accredited two- or four-year college, university or vocational-technical school for the entire upcoming academic year.

★ *Full-time study is defined as full-time enrollment for the entire upcoming academic year.*

### **AWARDS:**

If selected as a recipient, the student will receive a \$500.00 award. Awards are for undergraduate or graduate study in any field.

Undergraduate awards are not renewable, but students may reapply.

### **APPLICATION:**

Interested students must complete the application and mail it along with a current, complete transcript of grades to OCAPA, postmarked no later than **May 24, 2024**. Grade reports are not acceptable. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. Applicants will receive acknowledgement of receipt of their application. If an acknowledgment card is not received within three weeks, applicants may call OCAPA to verify that the application has been received.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. Incomplete applications will not be evaluated. All information received is considered confidential and is reviewed only by OCAPA.

### **SELECTION OF RECIPIENTS:**

Scholarship recipients are selected on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, statement of goals and aspirations, and unusual personal or family circumstances. Financial need is not considered.

All applicants agree to accept the decision as final.

Applicants will be notified by late July. Not all applicants to the program will be selected as recipients. Students not selected to be recipients may reapply to the program each year they meet eligibility requirements.

### **PAYMENT OF SCHOLARSHIPS:**

Payments are made directly to the recipient's school of choice on behalf of the recipient.

### **OBLIGATIONS:**

Recipients have no obligation to OCAPA. They are, however, required to notify OCAPA of any changes in address, school enrollment, or other relevant information and to send a complete transcript when requested.

### **REVISIONS:**

OCAPA reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

### **ADDITIONAL INFORMATION:**

Questions regarding the scholarship program should be addressed to:

**OCAPA – 737 13<sup>th</sup> Street SE – Salem, OR 97301      Phone: 503-588-2430**



Application

OCAPA Members' Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline May 24, 2024

APPLICANT DATA

Last Name First Middle Initial

Permanent Home Mailing Address Apartment #

City State ZIP Code

Telephone ( ) Date of Birth: Month Day Year

Email Address

Are you a U.S. citizen? Yes No

Please indicate your status. (For statistical purposes only) Male Female

EMPLOYEE PARENT OR GUARDIAN INFORMATION

Last Name First Middle Initial

Work Telephone

Fax Number Email Address

Job Title Department

Company City State

Relationship to Applicant

HIGH SCHOOL DATA

School Name High School Graduation Date: Month Year

City State Telephone ( )

POST-SECONDARY SCHOOL DATA

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) Use official school names. Do not use abbreviations.

City State

City State

4 yr. College or University 2 yr. Community or Junior College Vocational-Technical School Other, explain

Year in school next year: 1 2 3 4 5 or Graduate Study

Major or course of study: Expected college graduation date: Month Year

Degree sought: Bachelor Associate Certificate Other

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**WORK EXPERIENCE**

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO

**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

**GOALS AND ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

---



---



---



---



---



---



---

**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

---



---



---



---



---



---

**APPLICANT APPRAISAL (REQUIRED)**

**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

**To the Adult Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION**

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

- 1. Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)
- 2. High school seniors and students who have completed less than one full quarter or semester** of postsecondary education **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the high school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	SAT			ACT				
	Weighted: _____/4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
	Unweighted: _____/4.0 scale								

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone \_\_\_\_\_

School Official's Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Oregon Concrete & Aggregate Producers Association on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)

OCAPA Contact/Phone: 503-588-2430 Email: sandy@ocapa.net

**All materials, including transcript, must be addressed to:**

**OCAPA Members' Scholarship Program**  
737 13<sup>th</sup> St. SE  
Salem, OR 97301

**Postmark deadline May 24, 2024**

**CERTIFICATION**

OCAPA has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of OCAPA. (It is recommended you keep a copy for your files.)

*I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_