Oregon Concrete & Aggregate PRODUCERS ASSOCIATION

**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 21, 2021**

**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 <u>not</u> 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 |
|---|---|---|---|---|---|---|---|
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**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 | ☐ extremely appropriate | ☐ very appropriate | ☐ moderately appropriate | ☐ inappropriate |
| The applicant's achievements reflect his/her ability | ☐ extremely well | ☐ very well | ☐ moderately well | ☐ not well |
| The applicant's ability to set realistic and attainable goals is | ☐ excellent | ☐ good | ☐ fair | ☐ poor |
| The quality of the applicant's commitment to school and/or community is | ☐ excellent | ☐ good | ☐ fair | ☐ poor |
| The applicant is able to seek, find, and use learning resources | ☐ extremely well | ☐ very well | ☐ moderately well | ☐ not well |
| The applicant demonstrates curiosity and initiative | ☐ extremely well | ☐ very well | ☐ moderately well | ☐ not well |
| The applicant demonstrates good problem-solving skills, follows through, and completes tasks | ☐ extremely well | ☐ very well | ☐ moderately well | ☐ not well |
| The applicant's respect for self and others is | ☐ excellent | ☐ good | ☐ fair | ☐ 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<br>Unweighted: _____/4.0 scale | Critical Reading | Math | Writing | English | Math | Reading | Science | Composite |
| | | | | | | | | | |

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)

**Postmark deadline May 21, 2021**

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

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

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

**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 _____