



OREGON SCHOOL PERSONNEL ASSOCIATION
Scholarship Application for the 2016-2017 Academic Year

Full Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Oregon College or University I am attending next year:

In 2016-2017 I will be in the final year of a program leading to an Oregon teaching license (circle one):

Yes No

What is your GPA for each year of college? Please list below.

First year:

Second year:

Third year:

Fourth year:

Additional years:

Please attach an unofficial transcript or a copy of class schedules from your College or University indicating the classes you've taken over your college career.

What activities have you participated in while attending college?

List any special recognition or offices you have held, both in and out of college.

Please explain why you have chosen education as your career. What are your plans and career aspirations?

Please list any financial support you are receiving next year:

Give the names, addresses, and phone numbers of three adults (not relatives) who know you well and can serve as references:

Name	Address	Phone /Email
1.	<hr/>	
2.	<hr/>	
3.	<hr/>	

Please email complete application to: Nathan Voelsch, OSPA Board Member and West Region Representative at Nathan.voelsch@bethel.k12.or.us no later than **June 1, 2016 by 5:00 p.m.**