



ORGANIZATION OF ADULT ALUMNI AND STUDENTS IN SERVICE

516 West Loockerman Street, Dover, DE 19904
Phone 302-739-5559 Email info@oaasis.org

Howard E. Row Scholarship Application

Upon his retirement from the Delaware Department of Education, Dr. Howard E. Row established a scholarship fund to enable graduates of James H. Groves High School to pursue a post-secondary education. The scholarship was named in his honor. Applicants must be a graduating student of James H. Groves High School and must have applied for full or part-time enrollment in post-secondary education, including college, trade, or vocational studies. Special consideration will be given to applicants who have been accepted by the post-secondary institution.

Annually, one (1) scholarship, state-wide, is awarded to a James H. Groves High School graduate in the amount of \$200.

Personal Data

Name: _____
Last First Middle

Mailing Address: _____

City State Zip Code

Email Address: _____ Phone Number: _____

Marital Status: Single Married Separated/Divorced # of Dependents: _____

Note any educational/community achievements:

Post-Secondary

What post-secondary institution do you plan to enter?

Have you been accepted in a post-secondary institution? Yes No

(If yes, attached Letter of Acceptance)

Other Scholarships or Fellowships:

Goals

Describe your career goals.

After completing your program of study, how will you use your leadership skills to contribute to your community? (Use additional sheet, if necessary.)

Personal Statement

Why do you feel you would make a good scholarship recipient? (Use additional sheet, if necessary.)

Finances

Have you applied for Federal Financial Aid? Yes No

If yes, have you been approved for a Pell grant? Yes No

Are you seeking a student loan for your post-secondary education or training? Yes No

Agreement

I understand that my application and supporting information becomes the property of the OAASIS Scholarship Committee who has discretionary authority in all matters pertaining to this award. I understand that this completed application must be received by the OAASIS Scholarship Committee by the listed due date. I also understand that this award is taxable income. I certify that the information in this application is complete and accurate to the best of my knowledge, and I will notify the OAASIS Scholarship Committee if there are any changes. I certify that I will abide by the conditions of acceptance of this award, if granted.

Signature of Applicant _____ Date _____

Signature of OAASIS Team Member _____ Date _____

Signature of Program Administrator _____ Date _____

**Submit application by the 2nd Friday in May to:
OAASIS Scholarship Committee Attn: OAASIS Leadership
516 West Lookerman Street
Dover, DE 19904**

12/30/2016