



**ORGANIZATION OF ADULT ALUMNI AND STUDENTS IN SERVICE**

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

**State Director of Adult Education Scholarship Application**

The State Director of Adult Education Scholarship is established for eligible applicants who wish to pursue a post-secondary education. Eligible applicants must have applied for full or part-time enrollment in post-secondary education, including college, trade, or vocational studies and include the following:

- James H. Groves High School current year graduates
- Recipients of current year secondary credential (via the GED® Test)
- Alumni of James H. Groves High School or recipients of a secondary credential (via the GED® Test)

Special consideration will be given to applicants who have been accepted by the post-secondary institution.

Annually, three (3) scholarship, one (1) per county, is awarded 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:  
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## Goals

Describe your career goals.

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

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## Personal Statement

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

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## 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 2<sup>nd</sup> Friday in May to:  
OAASIS Scholarship Committee Attn: Team Leader  
516 West Loockerman Street  
Dover, DE 19904**