



## 2025 OASSA YOUTH SCHOLARSHIP

The Oregon Association of Secondary School Administrators (OASSA) awards two \$1,000 scholarships each year to graduating seniors from Oregon public high schools. The scholarships may be used for a 2 or 4 year college or university or trade or professional/technical school. These two scholarships are for a son, daughter, or dependent child of an OASSA member who meet the following criteria:

### STUDENT SELECTION CRITERIA

- Must be a graduating senior from an Oregon public high school
- Must be a dependent child (son, daughter, step-child) of an OASSA member
- Must submit a completed application by the due date
- Must have made a significant contribution to their school and/or community
- Must secure a letter of recommendation from a school COSA member
- Must secure a letter of recommendation from a school or community member
- Will enroll the fall term following his/her graduation from high school
- Must secure the signatures of the applicant, principal, and OASSA member parent
- Must include copy of most recent school transcript

### OASSA

- Will provide direct payment to the individual recipients when proof of registration is received from the enrollment school
- Will present the scholarship awards to the winners at their local school site, if requested

### HOW TO APPLY

- Applications are available through schools, and the COSA office:  
COSA  
707 13<sup>th</sup> St. SE, Suite 100, Salem, OR 97301  
(503) 581-3141
- Applicants may download the application from the COSA Web-site ([www.cosa.k12.or.us](http://www.cosa.k12.or.us)), print it out and mail it in
- Applications must be **postmarked by March 16, 2025**
- Selections will be made by the OASSA Executive Committee
- Applications must be completely filled out and submitted by the due date in order to be accepted

**WINNERS WILL BE NOTIFIED BY MAY 1, 2025**



## SCHOLARSHIP APPLICATION FORM – 2025

- I. Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Parents Names: \_\_\_\_\_  
School Presently Attending: \_\_\_\_\_  
School Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Principal's Name: \_\_\_\_\_
- II. Applicant's cumulative GPA (grade point average based on a 4.0 system): \_\_\_\_\_  
***\*Please enclose your most recent transcript.***
- III. Identify the name of post secondary institution the applicant plans to attend: \_\_\_\_\_  
The field of study interested in pursuing: \_\_\_\_\_
- IV. Please PRINT name, position, and school of OASSA member parent:  
\_\_\_\_\_

**SIGNATURE OF THE OASSA MEMBER PARENT:** \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**Be sure to include two letters of recommendation, one from your high school principal or vice-principal and another from a school/community member.**

**CHECK LIST:**

- Completed Application
- Transcript
- Your signature and signature of OASSA Member Parent
- Include two letters of recommendation

**MAIL THE ORIGINAL APPLICATION AND ONE COPY, POSTMARKED BY MARCH 16, 2025, TO:**

Coalition of Oregon School Administrators  
707 13<sup>th</sup> Street SE, Suite 100  
Salem, Oregon 97301-4035



The next two pages contain Sections: VII Community Service, VIII Non-school Activities and IX Obstacles Overcome. Please complete only two of the following three for the application

**VIII. COMMUNITY SERVICE**

List volunteer services that you performed for others during grades 9-12. Also indicate the hours per year. Limit your responses to the space provided - one entry per line.

COMMUNITY SERVICE	IDENTIFY TYPE OF SERVICE	Hours Per Year			
		9	10	11	12+
<i>Example: Tutor/Mentor</i>	<i>Tutored Elementary Students</i>			10	15

Please provide a short description of your most rewarding activity:

**IX. NON-SCHOOL ACTIVITIES / WORK RECORD**

List non-school activities / work that you participated in during grades 9-12. Please indicate any leadership positions held within those activities. Limit your responses to the space provided - one entry per line.

ACTIVITY / WORK	Hours Per Yr.				LEADERSHIP	Hours Per Yr.			
	9	10	11	12+		9	10	11	12+
<i>Example: Stock Clerk</i>	80	110	110	110	<i>Example: Troup Leader</i>		36		

**X. OBSTACLES OVERCOME**

If personal or family circumstances limited your involvement in community service and/or non-school activities/work, please describe below.

**XI. BACKGROUND, INFLUENCES AND GOALS (Must be submitted by all applicants)**

- 1.) Submit a one-page, double spaced statement briefly describing 1 or 2 of the following questions. How has your family background affected the way you see the world? Who in your life has been your biggest influence? What are a few of your long and short term goals? **REMEMBER - ONE PAGE MAXIMUM.**
- 2.) Judges will evaluate **CONTENT, SPELLING, GRAMMAR, NEATNESS** and **ORGANIZATION.**