

## **OAKVILLE YOUTH MEMORIAL SCHOLARSHIP**

The Oakville Youth Memorial Scholarship Fund is offering scholarships for the 2014-2015 academic year. To qualify, applicants must:

- Live within the Oakville Park and Recreation District Boundaries (see enclosed map) **or** be active in the Oakville Presbyterian Church.
- Be a high school graduate by June 2014 or be a current college/university student, aged 25 years or younger.
- Send the completed application packet to the Scholarship Committee Chairpersons listed below. The application **must be** postmarked **by May 5, 2014** and only **completed** applications will be considered.

Scholarships are based on achievement, potential, financial need and/or a combination of these. If awarded a scholarship, the money will be sent to the applicant to be spent for tuition, fees or books.

Application forms are available on the Oakville Church website:  
<http://oakvillechurch.org/educationfellowship/youth-memorial-scholarship/>  
They are also available at local high schools or from any of the following members of the Oakville Youth Memorial Scholarship Committee:

Ben Verhoeven & Kathryn Weeks (Chairpersons)  
32277 Peoria Rd.  
Albany, OR 97321  
541-223-2170

### **DEADLINE FOR APPLICATION IS MAY 5, 2014**

Students applying for the scholarship may be contacted for a personal interview after the deadline date. The recipients will be notified by the fourth week of May, 2014. If a student selected to receive this scholarship is unable to attend school during the 2014-2015 year, an alternate will be considered.

## **THE OAKVILLE YOUTH MEMORIAL SCHOLARSHIP**

The completed application packet to be sent to the Scholarship Committee is to include all of the following items:

1. Personal Information Form
2. List of 3 references
3. Completed reference forms from the 3 people listed on the Reference Form.
4. Personal letter telling of your high school or college activities, work experiences (if applicable) and your professional objectives.
5. Transcript of all your grades from high school or college.

### **DEADLINE FOR APPLICATION IS MAY 5, 2014**

Send your completed application to the Scholarship Committee Chairpersons, **postmarked no later than May 5, 2014.** Only completed applications will be considered. If any of the above five items are missing, the application will be automatically disqualified.

**OAKVILLE YOUTH MEMORIAL SCHOLARSHIP APPLICATION**  
**PERSONAL INFORMATION**

Date\_\_\_\_\_

Full Name\_\_\_\_\_

(first)

(middle)

(last)

Phone Number\_\_\_\_\_

Birth date\_\_\_\_\_

(month/day/year)

Address\_\_\_\_\_

High School Graduation Date\_\_\_\_\_

High School Name & Location\_\_\_\_\_

Current Year in College/University...Major\_\_\_\_\_

College/University Name & Location\_\_\_\_\_

Recognition and Awards (indicate year and purpose of award): Use back of this page if necessary.

Parent(s) Name(s)\_\_\_\_\_

Parent(s) Address\_\_\_\_\_

Phone Number\_\_\_\_\_

**OAKVILLE YOUTH MEMORIAL SCHOLARSHIP APPLICATION**

**THREE REFERENCES**

List below the names of three (3) adults, unrelated to you, whom you have asked to submit a reference form for you.

PERSONAL REFERENCE:

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

SCHOLASTIC REFERENCE:

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

EMPLOYER REFERENCE: (If not applicable, please have 2 personal references)

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant** is to collect all required information including the three reference forms and return the completed Application Packet by **May 5, 2014** to:

Ben Verhoeven & Kathryn Weeks (Chairpersons)  
32277 Peoria Rd.  
Albany, OR 97321  
541-223-2170

**OAKVILLE YOUTH MEMORIAL SCHOLARSHIP**

**REFERENCE FORM**

**Applicant's Name:** \_\_\_\_\_  
has applied for the Oakville Youth Memorial Scholarship and has listed you as a reference. You may use the back of this page, or attach additional sheets if you need more space. Please type or print using black ink when completing this form.

1. How long have you known the applicant? In what capacity?
  
2. Do you believe the applicant will be successful in his/her educational career? Why?
  
3. What is your evaluation of the applicant's academic ability?
  
4. Are there economic or other unique factors that make the applicant worthy of receiving scholarship support?
  
5. Additional comments:

Your name, title and relationship to the applicant. Please print.

\_\_\_\_\_

Signature: \_\_\_\_\_ Daytime phone \_\_\_\_\_

**Please return this reference form to the student who is applying for the scholarship by April 25, 2014**

Map of Oakville Parks and Recreation district. The district boundaries are

indicated by the heavy black line.

