



OHIO ASSOCIATION FOR DEVELOPMENTAL EDUCATION

Scholarship Application

Personal Information

First Name: _____	Middle Initial: _____	Last Name: _____
Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: () _____	Cell Phone: () _____	
Email: _____		

Educational Information

College: _____	Currently Enrolled? Y N
Number of Quarters/Semesters Completed: _____	
Developmental Education Courses Completed (List All): _____	

Do you plan to attend next Quarter/Semester? _____	
Grade Point Average: _____	

I hereby certify that the information I have submitted is correct. I authorize the release of this information to the members of the OADE Scholarship Committee and will provide additional information or verification upon request.

If granted the scholarship, I agree to the publication of my name and likeness in any OADE journal, newsletter, or website.

Signature of Applicant: _____ Date: _____

For Office Use Only

Date Received: _____
Application _____ Transcripts _____ Ref. # 1 _____ Ref. # 2 _____ Essay: _____
Meets Criteria? Y N Ratings from References: _____
Ratings on Essay: _____
Reviewed By: _____