



2024-2025 Darlene Hooley Scholarship for Oregon National Guard and Reserves Application

First Time Applicant

Renewal Application

Applicant Information

Full Name: _____ **Date:** _____
Last Name First Name M.I.

Current Address:

Street Address Apartment/Unit #

City State ZIP Code

Mailing Address (if different):

Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

Social Security No.: _____ **Oregon National Guard**
Date of Birth: _____ **Reservist** **Branch:** _____

College/University of Choice	College/University Name _____ Planned Enrollment: <input type="checkbox"/> Fall 2024 <input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Winter 2025 <input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Spring 2025 <input type="checkbox"/> Full-time <input type="checkbox"/> Half-time
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Disclaimer and Signature

By signing this application, I certify the accuracy of the completed application form and all accompanying documents, and, if requested, agree to provide proof of this information. I also give permission to the Oregon Office of Student Access and Completion (OSAC) to request and use data from my Free Application for Federal Student Aid (FAFSA). I also allow my information to be shared with OSAC-approved researchers.

Under the Privacy Act of 1974, I understand I am not required to provide my Social Security Number; however, if I don't provide it, my application will not be processed, and I will not be considered for the scholarship.

I have saved and retained a copy of my Darlene Hooley Scholarship for Oregon National Guard and Reservists Application and thoroughly reviewed it to ensure it is accurate and complete.

I have read all the above terms & conditions and agree and attest that the documents provided are true and accurate.

Signature: _____ **Date:** _____