



## Oregon Office of Access & Completion Scholarship Eligibility Criteria Checklist

Scholarship Fund Name:  
Number of Award(s):

Fund Code:  
Award Amount(s):

<b>Scholarship Purpose (Donor Intent):</b>
--

1. SELECTION CRITERIA: a. Eligible Students who can apply	State Yes or No	Note requirement or preference for a particular school or region
US citizen or eligible noncitizen		
Oregon resident		
Resident: specific state, county		
Current graduating high school senior		
Prior high school graduate		
College undergrad <i>(if restricted to sophomore or above, please state in the notes section to the right)</i>		
College graduate student		
Prior award recipient		
GED recipient <i>(identified by city/county of residence)</i>		
Home-schooled graduate <i>(identified by city/county residence)</i>		

b. College enrollment/Major	State Yes or No	Note requirement or preference for a particular college major, course of study, or career field
Plan to enroll full-time		
Plan to enroll at least half-time <i>(includes full-time enrollment)</i>		
College Major <i>(list major and whether it is required or preferred in the notes section to the right)</i>		
Career Field:		

c. Eligible institutions (where award may be used)	State Yes or No	Note preference or requirement for a school or region (minimum 2 colleges required)
Public Community Colleges <i>(2-year)</i>		
Public Colleges/Universities <i>(4-year)</i>		
Private institution <i>(if private, please select one or both below)</i>		
-Nonprofit institution		
-For-profit accredited <i>(includes vocational/trade schools)</i>		
Located in Oregon <i>(only Oregon)</i>		
Located in the United States <i>(includes Oregon)</i>		

2. SCHOLARSHIP AWARDS	Check One ✓	Years of eligibility to receive award (including initial award year)
Applicant may receive award "one-time" only		
Awardee may reapply & compete		Maximum number of years _____
Auto renewable award		Maximum number of years _____

3. ADDITIONAL SELECTION CRITERIA	Applicant Pool priority for Ranking Report	
If needed to reduce applicant pool, would Financial Need or Academics be your priority? (check one)	Financial Need _____	Academics _____
<b>a. Financial Need</b>	Check One ✓	Notes
FAFSA required, financial need required.		
FAFSA required, but applicant need not show financial need. Need may or may not be considered.		
FAFSA recommended. Show applicants with both need and no need.		
FAFSA not required by applicant. Need not considered.		
<b>b. Academics:</b>	State score/GPA	✓ Check if criterion is a preference or requirement
College Entrance Tests (add other tests if nec.) SAT ave. =1500; ACT ave.=21		___ Preference ___ Requirement
Min. unweighted cumulative high school GPA Score		___ Preference ___ Requirement
Min. unweighted cumulative college GPA Score		___ Preference ___ Requirement
GED certificate		___ Preference ___ Requirement

4. STUDENT QUALITIES (Personal Statements, Activities Chart or additional criteria for Selection Committee consideration, ONLY)		
Rank priority, with 1 being the highest priority	Rank	Notes
<b>a. Goals/task commitment</b>		
<b>b. Dealing with challenges/obstacles</b>		
<b>c. Knowledge/creativity or artistic ability/strengths/skills</b>		
<b>d. Community service/ Leadership/group contributions</b>		
<b>e. Other</b> (e.g., specific essay, student activity, work history)		___ Preference ___ Requirement
5. PERSONAL STATEMENT QUESTIONS (Student qualities above [4. a-e] are based on answers to the personal statement questions below.)		
a. Explain your career aspirations and your educational plan to meet these <b>goals</b> . b. Describe a <b>challenge</b> or <b>obstacle</b> you faced in the last ten years. What did you learn about yourself from this experience? c. Describe a personal accomplishment and the <b>strengths</b> and <b>skills</b> you used to achieve it. d. Explain how you have helped your family or made your <b>community</b> a better place to live. Provide specific examples.		
<b>Extra Documents:</b> OSAC encourages using only the listed personal statement questions to further inform Selection Committee. After approval by an OSAC scholarship consultant, please note any required extra documents below.		

6. SELECTION PROCESS	Yes or No	Notes
Selection by Donor group		
Selection by OSAC ( <i>employer awards only</i> )		
<b>a. Applicant Pool</b>		
Number of applicants Selection Committee wishes to review		
Number of Alternate Designee(s)		
Electronic Review of Applications ( <i>Yes or No</i> )		
<b>b. Additional Notes/Commentary: (Use attachment, if necessary)</b>		

**This section contains the Scholarship Program Description that will appear in the online scholarship catalog:**  
*(The box below is a template for Joyce to use once Cheryl gives her the descriptor after reviewing the checklist. Delete contents before officially using this form with a donor.)*

Who is eligible to apply. Include part-time enrollment, if applicable. Colleges in this section  (Examples are below)  Any HS Specific HS First-time freshman Undergrad Undergrad (prior recipients only) Graduate Part-time Oregon Colleges USA Colleges Specific Colleges	<b>(Name of scholarship) (Fund Code)</b> (Example of criteria to include)  US Citizens Residency: Graduating seniors (students) of Graduating high school students of Preferences: (the database contains 45+ preferences) GPA: SAT/ACT: Activities: Major: Career Field: Colleges: Enrollment: FAFSA: Apply-compete annually Additional Requirements:
--	---

**Contact Information**

<b>Donor Contact</b> Name: Address: City, State, Zip: Phone: Email:	<b>OSAC Portfolio Coordinator</b> Name: 1500 Valley River Dr. Suite 100 Eugene, OR 97401 541-687-7400 Ext: Email:
--	--

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
                   **Donor Representative**

\_\_\_\_\_ Date: \_\_\_\_\_  
                   **Print Donor Name**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
                   **OSAC Representative**

\_\_\_\_\_ Date: \_\_\_\_\_  
                   **Print Name**

OSAC Use Only	RA	PC	DS
---------------	----	----	----



## Oregon Office of Student Access & Completion Scholarship Program Agreement

Scholarship Fund Name:

Fund:

Date Established:

Academic Year Award Begins:

Scholarship Type:

Number of Awards:

Award(s):

### **Statement of Agreement**

Both parties agree to administer this scholarship according to the attached rules for the program and Oregon Administrative Rules, Chapter 575, Division 60. Both Parties understand that the gift of the fund(s) to establish this scholarship and any subsequent contributions thereto, are **irrevocable bequests** to the State of Oregon that will not be returned to the donor(s) under any circumstances.

### **Application for Award**

Students apply by submitting the Oregon Office of Student Access & Completion (OSAC) Scholarship Application (App online or paper application), including all required documents by the OSAC designated deadline at [www.OregonStudentAid.gov](http://www.OregonStudentAid.gov).

### **Selection**

The signed **Scholarship Program Agreement** and **Scholarship Eligibility Criteria Checklist** base selection of award recipients on the applicants who applied as defined. Future revisions to the selection criteria for the next scholarship awarding period must be completed prior to printing of the OSAC Scholarship Application in late summer. All documents and information provided by OSAC to selection committees shall be used solely for determining recipients for this specific scholarship award, only. All application materials are confidential and can be used only during the selection process, for no other purpose, and must be destroyed or returned to OSAC.

### **Awarding**

The donor in consultation with OSAC shall fix award amounts each year. Donors may supplement the fund to increase awards with an additional contribution. OSAC shall notify the recipients and specify the requirements of the award. Recipients shall sign and return the award notice, acknowledging the terms and certifying that the funds will be used only for educational expenses. OSAC shall be responsible for the disbursement of scholarship funds to the recipient's college financial aid office. OSAC shall maintain a complete and accurate record of the scholarships awarded. Scholarships may only be disbursed to institutions certified to receive federal Title IV financial aid funds in the United States. The scholarship funds will be made available to the recipients by their school. To receive disbursements throughout the year, awardees shall make satisfactory academic progress according to institutional policies for students receiving federal Title IV aid.

### **OSAC Management of Funds or Invoicing of Funds**

OSAC shall establish an account for this scholarship fund within the "Student Access & Completion Fund" that operates in accordance with Oregon Revised Statutes Chapter 348 and Oregon Administrative Rules, Chapter 575, Division 60. All funds are irrevocable and deposited with the State Treasurer, who will hold, invest the funds, or transfer them to a scholarship investment account at The Oregon Community Foundation (OCF) if it meets the foundation's endowment criteria. All invested funds are subject to market conditions. There is no guaranteed interest earnings rate. For "Pass-through" programs, OSAC will invoice the donor for a percentage of the award immediately after the fund has been established, followed by an invoice for the balance due prior to the award disbursement. Fund earnings or refunds resulting from a student's failure to complete a full study period shall be returned to the account and be used for future awards and administrative charges. (A Scholar Support Services administrative charge is assessed for each award).

\_\_\_\_\_  
Signature of Donor or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Donor or Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of OSAC Representative

\_\_\_\_\_  
Date

OSAC Use Only	RA	PC	DS
---------------	----	----	----