



# 2022-2023 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:** \_\_\_\_\_

|                                     |  |
|-------------------------------------|--|
| <b>College/University of Choice</b> | College/University Name _____<br>Planned Enrollment:<br><input type="checkbox"/> Fall 2022 <input type="checkbox"/> Full-time <input type="checkbox"/> Half-time<br><input type="checkbox"/> Winter 2023 <input type="checkbox"/> Full-time <input type="checkbox"/> Half-time<br><input type="checkbox"/> Spring 2023 <input type="checkbox"/> Full-time <input type="checkbox"/> Half-time |
|-------------------------------------|--|

## 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:** \_\_\_\_\_