



OSAC Scholarships Internal Selection Committee

Position Description

The Office of Student Access and Completion (OSAC) administers hundreds of scholarship programs each year and processes more than 15,000 student applications. To choose scholarship award recipients, scholarship programs use selection committees to read, review, and evaluate student applications. OSAC needs volunteers to serve on its Internal Selection Committee. Volunteers will review and score student applications for final awarding decisions. Training for the role is provided.

Duties

1. Evaluate applications (grades, activity/work history, essays, etc.) using prescribed selection criteria and established scoring metrics
2. Ensure and uphold donor intent

Required Skills

Attention to detail
Basic keyboarding skills
Ability to work independently

Desired Skills

Familiarity with Microsoft Word and Excel
Experience in education, personnel evaluation, financial aid services, counseling, or similar field

Time Commitment

Volunteers are needed throughout scholarship season, which runs from mid-March through early-July. OSAC offers schedule flexibility however we ask volunteers to commit to **at least 30 hours of service** per season.

Application review will be conducted electronically.

Volunteers' Impact

Members of the Internal Selection Committee have a tremendous impact on Oregonians pursuing postsecondary degrees. As higher education has gotten increasingly more expensive over the past 20 years, financial aid like scholarships have become more important than ever. Without financial aid, many students would be unable to pursue a degree. By reviewing scholarship applications, volunteers help make education dreams a reality.

How to Apply

To apply for the Internal Selection Committee, you will need to complete the Application, Confidentiality, Authorizations, and a Criminal Background Check. You can drop off your completed materials to the OSAC office or send them via mail, or fax to the address listed below:

OSAC Scholarships - HECC
3225 25th Street SE Salem, OR 97302
phone (541) 687-7400 | fax (541) 687-7414



OSAC Scholarships Internal Selection Committee

Confidentiality and Document Security

It is important for selection committee members, volunteers, and staff to maintain the confidentiality of private student information. This confidentiality is mandated by OSAC as well as state and federal regulations.

Volunteers with OSAC:

1. Will NOT discuss private student financial or personal information outside of the OSAC office.
2. Will NOT remove paper and/or electronic application materials from OSAC offices. This includes (but is not limited to) ranking reports, applications, transcripts, and supplemental materials.

Conflict of Interest

During application review and selection, reviewers and committee members must be able to evaluate materials fairly and without influence (real or perceived) caused by a conflict of interest (real or perceived).

Reviewers/committee members shall not review their own materials, or those of someone close to them. If the reviewer/committee member discovers that the materials being reviewed belong to a family member or close friend, they will declare a conflict of interest and not continue reviewing those particular materials.

Committee members must evaluate applications based on the elements established by OSAC and the scholarship donor prior to the review/selection.

By signing below, I certify that I have read and agreed to adhere to the confidentiality, document security, and conflict of interest policies described above.

Name (Printed)

Signature

Date

Schedule Availability

Please indicate below what hours of the day (9 a.m. to 5 p.m.) that you are available to volunteer. Make any notes as necessary, such as how frequently you'd like to volunteer and how long you'd like volunteer shifts to be.

Monday	Tuesday	Wednesday	Thursday	Friday

Notes:



OSAC Scholarships Internal Selection Committee

Name		Date of Birth	
Home Phone	Cell Phone	Work Phone	
Best time to contact you?		Email	
Mailing Address	City	Zip	
Street Address (if different from above)			
Preferred contact method?	Email	Text / SMS	Home Phone Work Phone Cell Phone
Primary Emergency Contact		Phone	
Alternate Emergency Contact		Phone	
Occupation (current or before retirement)			
Education/Training Background			
If you have a disability and require accommodations to perform your assignment, please indicate:			
How did you hear about this program?			
Personal References References should have known you for at least 6 months and not be relatives or live in the same household.			
Name		Mailing Address	
		Phone	
		Email:	
		Phone:	
		Email:	
		Phone:	
		Email:	

For Office Use Only		Screening Process
Criminal Records Check	Required Yes No	Date Completed
Reference Check		
1.		
2.		
3.		



OSAC Scholarships Internal Selection Committee

Authorizations

Due to the sensitive and confidential nature of the information handled by OSAC, a criminal records background check is conducted (at OSAC expense) for the protection of everyone involved. Information obtained in these reports is only used by the Director's Office and will not be shared with any other agency or person. Volunteers, student interns, temporary employees, and work-study students follow the same background check requirements as part-time and full-time OSAC employees.

Understanding of Requirements

My signature below certifies that I have read and understand the position description, confidentiality policy, and criminal records background check process. I agree to the volunteer responsibilities and that my duty as a volunteer is to abide by the laws and policies regarding preservation of confidential information.

Name (Printed)

Signature

Date

Background Check

I understand that if a background check is required, OSAC will conduct an Oregon Criminal Records Check Process, unless a National Criminal Records Check Process is necessary (The National Process includes a fingerprint check.) I agree to the background check process as outlined above.

Name (Printed)

Signature

Date

OSAC Publicity

I give permission for OSAC to use my: _____ Name _____ Photograph _____ Quotes in any form of publicity for scholarship services. I understand that I may withdraw my consent at any time by submitting a written request to the Scholarship Processing Coordinator.

(This portion of the form is optional and voluntary. You are not required to sign.)

Name (Printed)

Signature

Date