

OIAAA SCHOLARSHIP APPLICATION

District _____ High School _____ Current School Year _____

Section I - To be completed by the student

NAME _____ BIRTHDATE _____

ADDRESS _____

ZIP CODE _____ TELEPHONE _____

NAME OF COLLEGE WHERE SCHOLARSHIP WILL BE APPLIED:

COLLEGE ADDRESS _____

MAJOR FIELD OF STUDY _____

RECOMMENDATION BY TWO PROFESSIONAL PERSONNEL FROM YOUR SCHOOL,
INCLUDING THE PRINCIPAL:

1 _____
NAME / PRINCIPAL

2 _____
NAME / TITLE