

**OKLAHOMA CLAIMS ASSOCIATION SCHOLARSHIP APPLICATION**

**SCHOLARSHIP APPLICANT INFORMATION (STUDENT)**

<b>APPLICANT FULL NAME:</b>	
<b>STREET ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>PHONE NUMBER:</b>	
<b>EMAIL:</b>	
<b>DATE OF BIRTH:</b>	
<b>SOCIAL SECURITY NUMBER:</b>	
<b>HIGH SCHOOL ATTENDED:</b>	
<b>DATE OF GRADUATION:</b>	
<b>CLASS STANDING:</b>	
<b>SAT/ACT SCORE:</b>	
<b>GPA: CURRENT SEMESTER:</b>	
<b>GPA: OVERALL AVERAGE:</b>	
<b>COLLEGE ATTENDING:</b>	
<b>ATTN:</b>	
<b>STREET / P.O.BOX, ROUTING #, ETC.</b>	
<b>CITY, STATE, ZIP:</b>	
<b>MAJOR STUDY:</b>	
<b>MINOR STUDY (IF ANY):</b>	
<b>LAST SEMESTER- # HOURS COMPLETED:</b>	
<b>TOTAL HOURS- # COMPLETED TO DATE:</b>	
<b>VOLUNTEER WORK ?-(EXPLAIN –PAGE 2):</b>	
<b>EMPLOYMENT? (EXPLAIN – PAGE 2):</b>	
<b>PLANS FOR ADVANCED DEGREE?(EXPLAIN P2):</b>	

**OCA MEMBER INFORMATION (PARENT OR LEGAL GUARDIAN)**

<b>OCA MEMBER NAME:</b>	
<b>MEMBER EMPLOYER NAME:</b>	
<b>MEMBER EMPLOYER STREET ADDRESS:</b>	
<b>CITY/STATE/ZIP:</b>	
<b>WORK PHONE NUMBER:</b>	
<b>PERSONAL PHONE NUMBER:</b>	
<b>EMAIL:</b>	

**GUIDELINE AGREEMENT:** Scholarship amount, if awarded, is no less than \$500.00 and based on amount available may be up to \$1,500.00. I understand that any money awarded to me MAY be paid directly to the accredited institution I have chosen to attend. I must enroll and pass a minimum of 9 semester hours undergraduate or 6 hours post graduate and must use the funds within one (1) calendar year and maintain a 2.5 GPA. The OCA member must have current paid membership and must attend TWO (2) meetings in the previous twenty four (24) months to receive funds. Any unused funds will be returned to OCA in the event of withdrawal, failure to complete the minimum hours required.

<b>SIGNATURE OF APPLICANT (STUDENT)</b>	<b>SIGN &amp; DATE:</b>
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This completed application, an official high school transcript or prior college semester grade report, one original character reference letter within the last 6 months, two original educational reference letters within the last 6 months, and any supporting information for consideration must be postmarked or delivered in person to the OCA Scholarship Chairperson by August 15. Application and supporting documentation are required at time of submission. Incomplete packets will be rejected. OCA mailing address: Oklahoma Claims Association ATTN: Scholarship Committee P.O. Box 966 Bethany, OK 73008-0966

<b>SIGNATURE OF OCA MEMBER (PARENT)</b>	<b>SIGN &amp; DATE:</b>
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