Washington/Dubose Memorial Scholarship Application Submission Checklist

_____ Please neatly print or type all information.

_____ Your high school or college transcript **MUST** be included with the scholarship application, or in event of a G.E.D., a copy of the certificate.

_____ Fill in ALL blanks. If a question or blank is “**Not Applicable**” please state (N/A).

_____ **Three (3)** reference letters from persons other than relatives or students **MUST** be submitted with this application. Submit two personal reference letters **and** one from a present or former employer. (A letter from an educator will be accepted, if there is no present or prior employment experience). Reference letters **MUST** be on letter size paper (8 ½ X 11).

_____ Include a 100 word letter of application indicating why you have applied for this scholarship.

_____ A joint committee will screen applications. Return this completed application along with other required documents to:

OAMCTE Scholarship Committee  
Attn: Patti Pouncil  
3 CT Circle  
Drumright, OK  74030

_____ Applications must be **post marked no later than May 9.**

_____ Because winners will be notified by mail and/or telephone, please make sure that the information provided is correct and current.
Oklahoma Association of Minorities in Career and Technology Education

Renae Washington and Lorine Dubose Memorial Scholarship

Eligibility Criteria

The Oklahoma Association of Minorities in Career and Technology Education (OAMCTE) believes that educating young people in career and technology education is a positive step in providing role models for future generations of youth. As we continue to focus on education, our efforts turn to an important aspect of our organization – scholarship.

One of the goals of our scholarship program is to provide assistance to deserving minority students who plan to further their education through CareerTech. In so doing, we are offering two (2) Renae Washington-Lorine Dubose Memorial Scholarships in the amount of $1,000 each. We believe that this is one small way of helping to make this dream a reality for individuals who could become positive role models for others.

Applicants for the scholarship must plan to enroll in a full-time program at an Oklahoma Career and Technology Center or as a full time student in an accredited institution of higher learning for the Fall and Spring Semester of each year. The recipient must provide proof of enrollment prior to receiving the award. After proof of enrollment is provided, the scholarship funds will be made available to the recipient’s chosen career and technology center or institution of higher learning.

Applicants must meet the following specific criteria:

1) Be a member of a racial minority.
2) Be a high school graduate or possess a G.E.D.
3) Meet the residency requirements of Oklahoma post-secondary institutions and Career Tech Centers.
4) Be currently enrolled or plan to enroll in a full-time program at an Oklahoma Career Tech Center or as a full time student in an accredited institution of higher learning for the Fall and Spring semester of the ensuing school year.
5) Submit two personal reference letters, plus one from a present or former employer. (A letter from an educator will be accepted, if no prior employment experience).
6) Submit a copy of a high school transcript, diploma or G.E.D. certificate.
7) Submit a complete Scholarship Application, including 100 word letter of application.
Use of Scholarship Funds

The student will then receive one-half of the proceeds for the first semester and the remaining one-half at the beginning of the second semester, upon enrollment. Scholarship proceeds must be used to assist with the cost of tuition, fees, books, and/or tools. If a scholarship recipient does not complete his or her course of study, the remaining proceeds will be returned to the donor, namely the Oklahoma Association of Minorities in Career and Technology Education or the Oklahoma Career Tech Foundation.

Application Deadlines

Our selection of the recipients of this scholarship will be based upon financial need, and the ability to benefit. Applications must be postmarked no later than May 9. The recipients of the scholarship will be presented at the OKACTE /Annual Summer Conference.

Enclosed is the application form, which may be duplicated as needed. Please give the form to students who meet the qualifications. Interested students are urged to apply as early as possible. If you have questions, please contact Patti Pouncil, Scholarship Committee Chairperson at 918.352.2551 ext. 285. Send completed applications to the OAMCTE Scholarship Committee, Attn: Patti Pouncil, 3 CT Circle, Drumright, OK 74030.
Oklahoma Association of Minorities in Career & Technology Education
(OAMCTE)
RENAE WASHINGTON and LORINE DUBOSE MEMORIAL SCHOLARSHIP APPLICATION

STUDENT INFORMATION

Name___________________________________ Social Security No.________________

Permanent Address________________________________________________________

City_________________________________State____________Zip________________

Date of Birth ___________________________Home Telephone (____)______________

Race:  ___American Indian/Alaskan;   ___Asian;  ___Black/African American

___Hispanic;   ____Native Hawaiian/Pacific Islander;   ____White/Caucasian

Educational program (Career Tech program or College Major) in which you plan to enroll.

Expected completion date _________________________________________________

Name and location of the technology center, school or college you will be attending.

Post-Secondary Schools Attended:  (Colleges, Private/Trade Schools, Tech Centers, etc.)

<table>
<thead>
<tr>
<th>School &amp; Location</th>
<th>Dates of Attendance</th>
<th>Major/Program/Honors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

MILITARY EXPERIENCE:  (Describe Enlistment and Dates)________________________

FINANCIAL/EDUCATIONAL RESOURCES:

Are you presently employed? _______

Please list your last two (2) employers, beginning with present:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Location</th>
<th>Dates (From &amp; To)</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
**Financial/Educational Resources continued**

Are you married? ______ If yes, does your spouse work? Yes (  ) No (  )

If spouse works, list his or her annual income $_____________.

Total number of persons residing in your household _______

**OTHER FINANCIAL RESOURCES**

Fill in the blanks to indicate the amount of additional financial assistance you will receive from other resources during your anticipated enrollment. Please indicate whether **annual** or **monthly** by circling A for annual or M for monthly.

<table>
<thead>
<tr>
<th>Description</th>
<th>Amt. $</th>
<th>Annual (A) or Monthly (M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Salary (if applicable)</td>
<td>$__________</td>
<td>A / M</td>
</tr>
<tr>
<td>Non-Traditional Training Program</td>
<td>$__________</td>
<td>A / M</td>
</tr>
<tr>
<td>Displaced Homemaker / Single Parent / Single Pregnant Woman Program</td>
<td>$__________</td>
<td>A / M</td>
</tr>
<tr>
<td>Veterans Benefits</td>
<td>$__________</td>
<td>A / M</td>
</tr>
<tr>
<td>Social Security</td>
<td>$__________</td>
<td>A / M</td>
</tr>
<tr>
<td>American Indian Training/Employment Service</td>
<td>$__________</td>
<td>A / M</td>
</tr>
<tr>
<td>Workforce (WIA) Dislocated Worker</td>
<td>$__________</td>
<td></td>
</tr>
<tr>
<td>Workforce (WIA) Economically Disadvantaged</td>
<td>$__________</td>
<td></td>
</tr>
<tr>
<td>AFDC/TANF</td>
<td>$__________</td>
<td>A / M</td>
</tr>
<tr>
<td>Vocational Rehabilitation</td>
<td>$__________</td>
<td>A / M</td>
</tr>
<tr>
<td>Other (List PELL, OTAG grants, scholarships &amp; loans including amount.)</td>
<td>$__________</td>
<td></td>
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<tr>
<td>$____________ = Total annual family income from all sources, while attending school.</td>
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</tbody>
</table>

**STATE IN APPROXIMATELY 100 WORDS, WHY YOU HAVE APPLIED FOR THIS SCHOLARSHIP. ATTACH YOUR (**TYPE WRITTEN OR NEATLY HAND WRITTEN**) STATEMENT TO THIS APPLICATION.**

*I certify that all the information on this application is true and complete to the best of my knowledge. If asked by the committee, I agree to provide proof of the information that I have provided in my application.*

Signature ____________________________ Date ______________

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