



OEA  
Marilyn  
Cross  
Scholarship

2016–2017 Application Form

### OEA Marilyn Cross Scholarship Application Checklist

Your application must be postmarked or received at OEA Headquarters by January 20, 2017. **Only complete applications will be considered.** Please read the application carefully and be sure that you meet the criteria for this scholarship.

#### Checklist to Be Completed

- Yes, I am a unified member of the Ohio Education Association/NEA for 2016-2017.
- I have read this application and I believe that I meet all of the criteria for this scholarship.
- I have signed this completed application.
- My application includes my local President's or Vice President's signature.
- My application includes three letter of recommendation.
- My application includes my typed narrative statement of 500 words or less.
- My application includes the completed statement/comment page.

#### *Encouraged but not required...*

- My application includes additional information or evidence that will assist the committee in their decision process. Supporting documents may include but are not limited to printed articles, awards, recognitions, brochures, agendas, correspondence, websites, photos, etc.

Your application must be postmarked or received by January 20, 2017. **Late and/or incomplete applications will not be considered.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Marilyn Cross Scholarship was instituted in December of 2002 by the Executive Committee of the Ohio Education Association. The scholarship was established as an annual memorial to a well-respected, past president of the Ohio Education Association.

Criteria for the \$4,000 scholarship are as follows: the recipient must be a unified Ohio Education Association member, must be a career teacher in the teaching profession, must be enrolled in a graduate-level program directly linked to their current area of licensure, must be in need of financial assistance, and must demonstrate a reasonable prediction of success in graduate work.

One year after the scholarship is awarded, the recipient shall provide OEA with a statement describing his/her employment and graduate work status.

**Current members of the OEA Board of Directors and association staff members are not eligible for this scholarship. In addition, OEA Awards and Scholarship Sub-Committee Members are not eligible for two years after completion of service on the committee to apply or to be nominated.**

The award will be presented at the OEA Awards Banquet in Columbus during the weekend of the OEA Spring Representative Assembly. For additional information, please contact OEA Program Delivery at:

**1-800-282-1500 ext. 3078 (local calls: 614-227-3078)**

**NOTE:** The completed official application form for the Marilyn Cross Scholarship must be received or postmarked on or before **January 20, 2017**. Late applications will not be considered.

All applicants will receive notification of receipt of his/her application. The finalists may receive an interview request at the discretion of the committee. **Only complete applications will be considered. The OEA Awards and Scholarship Sub-Committee reserves the right to present no award or to refer an applicant to another award or scholarship.**

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## OEA Marilyn Cross 2016–2017 Scholarship Application

### *Nomination Form*

**Information about the applicant and the application will remain confidential.**

**Please type or print. (This form may be reproduced locally.)**

#### **BACKGROUND INFORMATION**

Name: (Please print) \_\_\_\_\_ OEA Membership No. \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home E-mail Address \_\_\_\_\_

#### **MEMBERSHIP**

\_\_\_\_\_ Yes, I am a unified member of the Ohio Education Association for 2016-2017.

School District \_\_\_\_\_ County \_\_\_\_\_

Name of Local Association \_\_\_\_\_

I acknowledge that this applicant is a member of this local association.

Local President or Vice President's Signature \_\_\_\_\_

#### **FAMILY OBLIGATIONS**

Dependents (Spouse, Children, Other)

Name	Relationship	Age
_____	_____	_____
_____	_____	_____

Other financial or family obligations (describe briefly) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**INCOME**

Approximate gross family income for 2016: \$ \_\_\_\_\_ Estimate gross family income for 2017: \$ \_\_\_\_\_

Do you have additional sources of financial aid? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL EXPENSES**

Estimated educational expenses specifically related to the completion of the graduate degree described in this application (include only those hours that are necessary for the graduate degree.)

	Semester/Qtr	Year's Total	Total Graduate Program
Tuition and Fees	\$ _____	\$ _____	\$ _____
Books and Supplies	\$ _____	\$ _____	\$ _____
Housing (on campus)	\$ _____	\$ _____	\$ _____
Transportation	\$ _____	\$ _____	\$ _____
Amt. of Educational Loans	\$ _____	\$ _____	\$ _____
Other (explain)	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____

**GRADUATE PROGRAM**

Are you enrolled in a graduate program? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, where? \_\_\_\_\_

What is your graduate degree major? \_\_\_\_\_

Does this graduate degree further your ability in your current area of licensure? \_\_\_\_\_ Yes \_\_\_\_\_ No

Graduate hours completed in your current master's degree program \_\_\_\_\_ Semesters \_\_\_\_\_ Quarters

Graduate hours completed in other graduate courses \_\_\_\_\_ Semesters \_\_\_\_\_ Quarters

**EDUCATION**

College/University \_\_\_\_\_ Years \_\_\_\_\_

Major \_\_\_\_\_ Degree \_\_\_\_\_

Undergraduate cumulative point average \_\_\_\_ of a possible \_\_\_\_

Graduate cumulative point average (If applicable) in current master's degree program \_\_\_\_ of a possible \_\_\_\_

Graduate cumulative point average in other programs (if applicable) \_\_\_\_ of a possible \_\_\_\_

**EXPERIENCE**

Teaching experience (list current experience first):

School System	Grade Level or Subject	Years
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

**RECOMMENDATIONS**

Request at least three persons familiar with your educational program, teaching qualities and personal background to submit letters of recommendation. The letters of recommendation must be included with this application and postmarked on or before the **January 20, 2017** deadline.

Recommendations play a significant part in the selection of finalists for the scholarship. Select carefully the persons from whom you are requesting a recommendation. Ask them to write about your candidacy in 150 words or less. The letter should describe in specific terms why you should be considered for this scholarship and should reflect your education activities, association participation, and community involvement. At least one recommendation should be from the local association.

1. Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

**Please type or print your responses to the following statements:**

Describe your activity in local, district, state, and national education associations and/or subject area associations.

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Briefly describe your short/long range career plans (be as specific as possible).

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*(Additional paper can be used for further comments.)*

**Narrative**

Please attach a typed, 12-point font, double-spaced narrative statement, NOT TO EXCEED 500 WORDS, describing information that will help elaborate why you should be considered.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note:** All applications submitted to OEA will be evaluated on the basis of criteria stated on this application form. This application must be received or postmarked by **January 20, 2017**, and mailed to:

Awards Committee, Marilyn Cross Scholarship  
Ohio Education Association  
P.O. Box 2550  
Columbus, Ohio 43216-2550

Thank you for your application.



OHIO EDUCATION ASSOCIATION  
P.O. Box 2550  
Columbus, Ohio 43216-2550  
614-227-3078

Toll free in Ohio 800-282-1500 ext. 3078

[www.ohea.org](http://www.ohea.org)

An affiliate of the National Education Association