



OREGON STATE CHAPTER P.E.O. SISTERHOOD

APPLICANT'S CHECKLIST 2024-2025 ACADEMIC YEAR

APPLICANT'S NAME _____

Education Chair: _____

Address: _____ Phone: _____ Email: _____

*****This three-page checklist is informational only. Please do not include them with your completed application. *****

GENERAL INSTRUCTIONS

- Complete and submit the following application forms and materials in the order listed below.
 - ➔ Application for Scholarship, Form 4.6
 - ➔ Activities Chart, Form 4.6b
 - ➔ Applicant's Essay (typed on a separate page, with your printed name, signature and date)
 - ➔ Income & Budget/Expense Statement, Form 4.7
 - ➔ Letter of Recommendation (typed, signed and dated on a separate page)
 - ➔ Transcript
 - ➔ Publicity Consent Form 4.8
- Thoroughly review all application forms and materials for accuracy, consistency and completeness
- Carefully check arithmetic on Income & Budget/Expense Statement
- ALL FORMS SUBMITTED MUST BE DATED, as indicated
- Send original documents to your Chapter Education Chair and keep copies for your records
- If you have questions, contact your sponsoring chapter's Education Committee Chair

CHECKLIST FOR APPLICANT

- ☐ **P.E.O. Scholarship Application**: Form 4.6
Application must be complete, signed and dated.
"Oregon Resident" is defined as having lived in Oregon for 12 or more consecutive months.

- ☐ **P.E.O. Scholarship Activities Chart**: Form 4.6b
You may use the template provided or create your own form using the same format. Follow the examples provided on the activities chart. Please limit your listings to three activities within the past 5 years in each category. Be specific; it is important to describe your responsibilities and any recognition received. Begin with your most recent experience and conclude with the oldest.

☐ **Applicant's Essay:**

On a separate page, you must compose a 300-500 word essay with pertinent personal information, including factors and challenges that have influenced your life, reasons for choosing your educational focus, your educational goals, career plans, and financial need. Your **essay must be typed, include your printed name, and date.**

☐ **Income & Budget/Expense Statement:** Form 4.7

- a. The entire form must be complete and accurate. Enter a zero or N/A when an item does not apply to you. Check arithmetic for accuracy.
- b. If applicable, your spouse or partner's income and expenses must be included, as well as your own.
- c. *Monthly Income:* The data you enter for monthly income should be relative to the term(s) or semester(s) for which the scholarship is requested. The amount entered on line #1 represents your total monthly income.
- d. *Additional Information:* List other sources of financial support, including 2023-2024 scholarship and grant amounts that are anticipated, but not confirmed.
- e. *Monthly Living Expense:* Your monthly living expenses should be relative to the term(s) or semesters(s) for which the scholarship is requested. The amount entered on line "A" represents your total monthly living expense.
- f. *Educational Expense Per Term:* Education expenses are listed for the term or semester and then divided by the number of months in a term or semester: divide by 3 for terms; or, divide by 4.5 for semesters. The amount entered on line "B" represents your total monthly educational expense.
- g. *Total Monthly Expense:* Enter the amount from "A" Total Monthly Living Expense plus "B" Total Monthly Educational Expense.
- h. *Difference Between Monthly Income and Monthly Expense:* This final amount is the difference between monthly income (Line #1) and monthly expense (Line #2). In other words, subtract Line #2 from Line #1. The difference may be a negative amount. If this difference is a negative number, please write a short explanation of how you plan to manage the difference between your monthly income and your monthly expenses.
- i. **Print your name, and date the Statement.**

☐ **Letter of Recommendation:**

One current letter of recommendation must be included with your application packet. Regardless of who writes this recommendation on your behalf, it **must be signed, an electronic signature is acceptable, and dated with the title or other official identification of the writer and be on official letterhead, when possible.**

If you are currently enrolled in studies, or have been enrolled in the past year, this letter must be an academic letter of recommendation by a professor or instructor. If you are currently, or have been an online student with no direct contact with professors or instructors, a letter from your academic adviser is acceptable.

If you are not currently enrolled or have not been enrolled in studies in the past 12 months, a letter of recommendation from an employer or other non-relative may be submitted. The relationship between you and the individual writing the letter must be clearly identified (for example: employer, church pastor).

☐ **Transcript:**

- A minimum 2.5 GPA is required.
- The applicant must include her most recent transcript that includes **ALL** courses taken, grades, cumulative GPA, and total hours earned. If the term has not ended, applicant must also list all current courses and credit hours in progress.
- “Unofficial” transcripts are acceptable, but these must include the applicant’s name.
- For the Oregon Scholarship, the applicant must have a minimum of 60-semester hours or 90-term hours documented on the transcript.

If you are an entering freshman, you must submit your high school transcript.

☐ **For Study Abroad Funding:**

Documentation from the institution must be provided indicating study abroad is a requirement for your degree.

- ☐ **Publicity Consent Form 4.8** – Agreeing or declining to have your name and or photo used in scholarship promotional material will have no bearing on the merit of your application.

**Only completed applications submitted by the deadline will be evaluated.
Additional time will not be given to provide missing documentation.**



OREGON STATE CHAPTER P.E.O. SISTERHOOD

SCHOLARSHIP APPLICATION 2024-2025 ACADEMIC YEAR

SCHOLARSHIP REQUESTED: **Marguerite** or **Oregon**

PERIOD(S) APPLIED FOR: Full Year

or Term(s) Fall 2024 Winter 2025 Spring 2025

or Semester(s) First 2024 Second 2025

NAME _____

DATE OF BIRTH _____ (month, day, year) AGE _____

HOME ADDRESS _____
(Address, City, State, Zip Code)

PHONE NUMBER _____ EMAIL _____

CITIZEN OR LEGAL PERMANENT RESIDENT OF USA AND OREGON: YES NO

STATUS: Dependent Single Married Separated Divorced Widowed

AGES OF APPLICANT'S DEPENDENT CHILDREN: _____

PREVIOUS P.E.O. SCHOLARSHIPS: Yes No

IF YES, please indicate name of Scholarship, year and amount awarded: _____

OREGON INSTITUTION YOU PLAN TO ATTEND

INSTITUTION NAME: _____ ACCEPTED: Yes No

INSTITUTION BUSINESS OFFICE: _____
(Mailing Address, City, State, Zip Code)

ACADEMIC STANDING AT START OF FALL 2024: Freshman Sophomore Junior Senior

Graduate Other (explain): _____

MAJOR/PROGRAM: _____ CREDIT HOURS EARNED TO DATE: _____

CUMULATIVE GPA: _____ ANTICIPATED DATE OF GRADUATION: _____

SCHOLARSHIP APPLICATION 2024-2025 ACADEMIC YEAR, page 2

PRINTED NAME: _____

CAREER PLANS: _____

EDUCATION HISTORY

HIGH SCHOOL: _____
GRADUATED: _____

YEAR GRADUATED: _____

SCHOOL NAME, CITY & STATE

DATES ATTENDED (mm/yy):

INSTITUTION: _____

FROM _____ TO _____

INSTITUTION: _____

FROM _____ TO _____

INSTITUTION: _____

FROM _____ TO _____

INSTITUTION: _____

FROM _____ TO _____

INSTITUTION: _____

FROM _____ TO _____

INSTITUTION: _____

FROM _____ TO _____

I confirm that the information in this application, my Income & Budget/Expense Statement, and personal essay are accurate and true to the best of my knowledge.

DATE _____

(Please use this format. List no more than three activities in the past **5** years in each section)

(Please print legibly)

[illegible][illegible][illegible]

DATE _____

INCOME AND BUDGET/EXPENSE STATEMENT

To be completed for the school period for which the scholarship is requested.
Note: This is a fill and print form; however, double check all figures for accuracy.

Note: Please attach additional sheet, if needed.

MONTHLY INCOME (deduct taxes only)

Amount

Salary: Applicant	\$
Spouse/Partner	\$
Financial Aid received/month	\$
Confirmed 2024-2025 Scholarships, grants & loans/month (specify)	\$
	\$
	\$
Financial support from parents/family:	\$
Child Support/Alimony:	\$
State/Federal Government Assistance, including Food Stamps/SNAP (specify):	\$
	\$
	\$
Monthly Income from Savings/Interest/Dividends:	\$
Other sources of Income (identify):	\$
	\$
	\$
	\$
1. TOTAL MONTHLY INCOME	\$

MONTHLY LIVING BUDGET/EXPENSE

Amount

Rent/school room & board:	\$
Mortgage Payment:	\$
Food/Groceries (include Food Stamps):	\$
Clothing:	\$
Utilities:	\$
Communication Services (internet/phone...):	\$
Medical/Dental (out of pocket):	\$
Automobile:	
Payment	\$
Insurance	\$
Insurance (medical/dental, life, renter's/home):	\$
Loan/Credit Card Payments (specify):	
	\$
	\$
	\$
Childcare (not related to education):	\$
Other (specify):	
	\$
	\$
A. TOTAL MONTHLY LIVING EXPENSES	\$

ADDITIONAL INFORMATION, IF APPLICABLE

• Total in Savings Accounts	\$
• Total in Investments Available for Education	\$
• Anticipated 2024-2025 Scholarships/Grants/Loans	\$
• Past Educational Loan Debt (include those you are not yet paying off, but using to pay for current schooling)	\$
• Spouse/Partner Past Educational Loan Debt	\$
• TOTAL Balance of other indebtedness (ex: mortgage, credit cards, vehicle loans...)	\$

EDUCATIONAL EXPENSES PER TERM

Tuition & Fees:	\$
Books/Educational Supplies:	\$
Childcare (related to education):	\$
Transportation (gas, parking, bus fare...):	\$
Other (specify):	\$
B. TOTAL EDUCATION EXPENSES PER TERM	\$

For the calculation below, if your school uses 3-month terms, divide by 3; if your school uses 4.5-month semesters, divide by 4.5

NUMBER OF MONTHS PER TERM or SEMESTER

DIVIDE

B. TOTAL EDUCATION EXPENSES BY 3 OR 4.5 =

TOTAL EDUCATION EXPENSES/MONTH =
\$

ADD

A. TOTAL MONTHLY LIVING EXPENSES +
B. TOTAL MONTHLY EDUC EXPENSES =

2. TOTAL MONTHLY EXPENSES
\$

SUBTRACT

1. TOTAL MONTHLY INCOME -
2. TOTAL MONTHLY EXPENSES =

DIFFERENCE BETWEEN MONTHLY INCOME & EXPENSES = ***
\$

*** THIS DIFFERENCE MAY BE A NEGATIVE NUMBER; IF SO, INCLUDE A BRIEF EXPLANATION OF HOW YOU PLAN TO MANAGE THE DIFFERENCE BETWEEN YOUR MONTHLY INCOME AND MONTHLY EXPENSES.



P.E.O. PHOTOGRAPH AND PUBLICITY CONSENT FORM

I _____ give International Chapter P.E.O. sisterhood, including all subordinate entities, (P.E.O.) and its agents permission to use my professional and personal biographical information and other personal characteristics and scholarship information, as well as my name, likeness, image, voice and/or appearance as such may be embodied in any pictures, photos, video recording, audiotapes, digital images and the like, taken or made on behalf of P.E.O. or P.E.O. activities. I agree that P.E.O. has complete ownership of such information, including any copyright, and may use the above information for any purpose consistent with P.E.O.'s mission. These uses include but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements and any promotional or education materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation for the use of such information and hereby release P.E.O. and its agents and assigns from any all claims which arise out of or are in any way connected with such use.

I understand that I am not required to give my consent for this release. Eligibility for scholarships, grants and loans and consideration for membership will not be conditioned upon agreeing to this consent and release.

I have read and understand this consent and release.

____ I give my consent to the terms of the P.E.O. Photograph and Publicity Consent Form

____ I do NOT give my consent to the terms of the P.E.O. Photograph and Publicity Consent Form

Signature

Date