

**OHIO ASSOCIATION OF ADULT SERVICES
SARA HAAG
SCHOLARSHIP PROGRAM**

73 E. Wilson Bridge Rd., Suite B-1 • Worthington, OH 43085 • 614-261-7879

In recognition of the outstanding service of Sara Haag, a 32-year employee of the Ohio Department of DD, the Ohio Association of Adult Services established a scholarship fund for OAAS members who plan to pursue additional studies related to developmental disabilities. Up to three scholarships will be awarded yearly, according to the discretion of the OAAS Sara Haag Scholarship Committee. The maximum amount of money awarded each year by OAAS will be \$500.

ELIGIBILITY

- Applicant must be an employee of an OAAS member organization for a minimum of one year.
- Applicant must be a high school graduate or have received their GED.
- Applicant must be pursuing coursework toward obtaining DODD registration or certification and/or an associate, bachelor, master's degree or PhD related to DD.
- Applicants must be a US citizen or permanent resident of the United States.

APPLICATION

- Applications must be received by a date designated each year at: oaasohio@aol.com. We cannot be responsible for delays in mail delivery. If you wish to include your agency e-mail address, we will acknowledge receipt of your application.
- An application will consist of:
 - A completed application.
 - A letter of recommendation from an individual familiar with the applicant who can discuss the applicant's employment and personal qualities.
 - A one-page essay (maximum of 500 words, typed, double spaced) indicating why you feel you should receive a Sara Haag Scholarship. Write about your purpose in pursuing studies in the DD field and what your future goals include.

DISPOSITION

- Scholarships will be paid directly to the individual upon completion of the coursework. A receipt and/or certificate of completion must be presented in order to receive payment.
- The award may be applied to the student's tuition, fees or books.
- Recipients may hold other scholarship awards. However, if a student receives other grants, agency reimbursement or scholarships that completely cover the cost of coursework, the student will forfeit the scholarship.

SELECTION

- All applications will be reviewed and selected by the OAAS Sara Haag Scholarship Committee.
- Financial need will not be a consideration in the granting of the scholarship.
- The Board of Trustees reserves the right to make changes to or discontinue this program at any time.
- Selection of recipients will be completed annually.
- The recipient of the award will be announced in the OAAS newsletter.

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SCHOLARSHIP APPLICATION

Name _____ Date: _____

Employer: _____

Employment Address _____
(Street) (City) (State) (Zip)

Phone Number (_____) _____ E-Mail _____

Job Title _____ Date of Hire _____ Direct Supervisor _____

High School Attended _____ Graduation/GED Date: _____
mm/dd/yy

College/University/Post-Secondary School Attended _____

Course you plan to take: _____ Cost for Course: _____

Course Provider: _____

Any other information you wish to share with the committee:

Certification: I certify that all statements and information contained in this application are true and correct, that I have read and understand the requirements of the Sara Haag Scholarship program, and that I am eligible to compete for a scholarship. I also understand that parts of my essay may be used in OAAS marketing or promotional materials.

Signature: _____ Date: _____

Attach to this application:

- 1 letter of reference
- Completed essay