**OHIO-MICHIGAN ASSOCIATION OF CAREER COLLEGES & SCHOOLS (OMACCS)**

**2017-2018 *LEADS!* Scholarship Program - Participation Form**

**School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Person completing the forms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Our college will be offering the following scholarships through the *Ohio-Michigan Association of Career Colleges and Schools (Please duplicate if multiple programs are available for the LEADS! Scholarship)*:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Name** | **Program Type**  **C, D, AD, BD \*** | **Program**  **Length\*\*** | **Full Scholar-ship:**  **Amount** | **Half Scholar-ship:**  **Amount** | **Specific Amount of Scholarship** | | | | | |
| **$2000** | **$2500** | **$3000** | **$4000** | **$5000** | **Enter amounts over $5000** |
|  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |

* **\*C** = Certificate **D** = Diploma **AD**= Association Degree **BD** – Bachelor Degree
* **\*\*** **The Number of Weeks, Quarters, or Semester**

**I HEREBY CERTIFY THAT** the (Name of School) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will make the above listed scholarship(s) available to the students selected by the Scholarship Committee of the Ohio-Michigan Association of Career Colleges and Schools (OMACCS) for the 2017-20187 academic year.

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

Signature of Chief Campus Administrator

**Please RETURN the completed form NO LATER THAN NOVEMBER 3, 2017 to: *Ohio-Michigan Association of Career Colleges and Schools (OMACCS)***

**Email:** [Admin@OMACCS.org](mailto:Admin@OMACCS.org)**, or fax: 614-487-8190**