

OHIO-MICHIGAN ASSOCIATION OF CAREER COLLEGES & SCHOOLS (OMACCS)
2018-2019 LEADS! Scholarship Participation Form

School Name: _____

Phone: _____

Address: _____

City: _____

Name of Person completing the forms: _____

Email: _____

Please print legibly

Please print legibly

Our college will be offering the following scholarships through the *OMACCS' LEADS! Scholarship* program:

Program Name	Program Type *	Program Length**	Full Scholarship: Amount	Half Scholarship: Amount	Specific Amount of Scholarship						
					\$2000	\$2500	\$3000	\$4000	\$5000	Enter amounts over \$5000	

- * Program Type: C = Certificate D = Diploma AD= Association Degree BD – Bachelors' Degree
- ** Program Length: Number of Weeks, Quarters, or Semesters

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* for the 2018-2019 academic year.

Signed: _____

Date: _____

Signature of Chief Campus Administrator

Please RETURN the completed form no later than November 21, 2018, Please mail, fax, scan or email to:

**Ohio-Michigan Association of Career Colleges and Schools
 2109 Stella Ct, Suite 125; Columbus, OH 43215
 Email: admin@omaccs.org
 Phone: 614-487-8180 Fax: 614-487-8190**