

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

2019/20 LEADS! Scholarship Participation Form

School Name: _____

Phone: _____

Address: _____

City: _____

Name of Person completing the forms: _____

Email: _____

Our college will be offering the following scholarships through the *OMACCS 2019/20 LEADS! Scholarship* program:

Program Name	Program Type *	Program Length**	Specific Amount of Scholarship							
			Half Amount (\$)	Full Amount (\$)	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	Other Amount

- * 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 2019-2020 academic year.

Signed: _____

Date: _____

Signature of Chief Campus Administrator

Please RETURN the completed form NO later than November 22, 2019, and please mail or email to:

Ohio-Michigan Association of Career Colleges and Schools (OMACCS)
 2109 Stella Ct, Suite 125; Columbus, OH 43215
 Email: ktrofholtz@omaccs.org