***Oregon Trail Rodeo Association Scholarship Application/***

***Nyssa Nite Rodeo***

***To qualify applicants must be a graduating senior from Nyssa High School or Adrian High School and plan on Majoring in Agriculture or participate in Rodeo.***

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME :** \_\_\_ **BIRTHDAY:** \_\_\_\_\_\_\_\_\_\_\_\_\_

(please print)

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: ST: \_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTS/GUARDIANS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PHONE: \_\_\_\_\_** \_\_\_\_\_\_\_

(with whom you reside)

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: ST:\_\_\_\_\_\_\_ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Name of College or University which you are planning on attending:***

COLLEGE/UNIVERSITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST:\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_

Is the College/University you are planning on attending an accredited school (with the state)? Yes / No

Will you be attending College/University as a full-time (12 credits minimum) or

part-time (6 credits minimum) student?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you applying for other scholarships or grants? Yes / No

If yes, please list below.

***PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:***

1. **250 – 500 word essay telling us about yourself, who you are and why the Nyssa Nite Rodeo is important to our community.**
2. **EXTRA-CURRICULAR ACTIVITIES: (please attach sheet to essay)**
3. **Official High School Transcript.**
4. **Two Letters of Recommendation** (teachers, high school counselor, employers, church leaders, coaches, youth group leaders, friends of family, probation officer, etc.)

(**Note**: *Please do not use family members for your recommendation*.)

**College of Choice Form**

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_

(please print)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide us with your school track if one has been assigned, to ensure proper disbursement of funds. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand that in exchange for being granted this money, If I withdraw from school or fail to register, I will be required to repay the money, pro rata, Oregon Trail Rodeo Association/Nyssa Nite Rodeo.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attention: must be postmarked by May 19,2016**

**This form must be postmarked by May 19,2016. If you do not meet our postmarked date requirement, the OTRA/NNR will assume that you are no longer interested in receiving the scholarship, and your award will be forfeited. The funds will remain in our account to be awarded to a student next year.**

**Note:** Scholarships are awarded for the 2016/2017 academic School Year (fall, winter, spring). If you plan to attend summer school in 2016, you will need to allocate your awarded funds accordingly.

**Authorization for Release of Student Records and Information Form**

Student Name: (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document authorizes\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereafter "you”)

to release information regarding the above student to the OTRA/NNR.

The person or organization that receives this authorization has my consent to release/disclose protected student information. I authorize and direct you to copy and release to the OTRA/NNR all information regarding my student records in your possession-custody, or control, including, but not necessarily limited to, all records, reports, notes, correspondence or bills.

You are authorized and directed to release such information regarding my student records, whether the information was initially prepared by you, or by some other person or entity and even if the person or entity that prepared the information is not associated with or employed by you.

I understand that I may revoke this authorization in writing at any time except to the extent that information has already been released in response to this authorization. Unless otherwise revoked by me in a signed writing.

MY SIGNATURE BELOW AUTHORIZES RELEASE OF SUCH INFORMATION:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Student**

**ATTENTION: MUST BE POSTMARKED BY May 19, 2016**

**This form must accompany your College of Choice Form. If you do not submit this form, The OTRA/NNR will not be able to issue the award to your chosen college/university.**

**Education is our Future!**

OTRA/NNR