

EARS Scholarship Application 2024-25

Printable version for applicant's personal use only.
Apply online only, do NOT mail this printable version.

Personal Information

Your Name *

First

Last

Birth Year *

Email *

Permanent Mailing Address *

Street Address

Street Address Line 2

City *

State *

ZIP/Postal Code *

Country *

Citizenship *

US Citizen

Eligible non-citizen

State of Legal Residence *

 

County of Legal Residence

Name of County or Parish

Are You an Oregon Resident? *

Yes

No

Primary Phone *

Can this phone receive text messages? *

Yes

No

Secondary Phone

Can this phone receive text messages?

Yes

No

EARS Scholarship Application

High School *

Traditional High School

G.E.D.

High School or GED Completion Date *

Month and Year

High School Name or GED County *

High School or GED Location *

City and State

Grade Point Average (GPA)

EARS Scholarship Application

College History

As of Fall Term 2024 your college standing will be:

Freshman 

If you have already attended a college or university, please add the following information FOR EACH school you have attended:

Name of School, Starting and Ending Dates, List any Degrees Earned, and any Credits Earned.

College(s) or Universities Previously Attended

Undergraduate GPA

Completed by July 1, 2024:

- Two years at a Community College First Bachelor's Degree

Your College or University Plans for 2024-2025

College Name

College City

College State

Oregon 

Career Field

Degree Plans

Academic Goals

For each of your academic goals, please provide the following information:

Degree Attained, Major, and Expected Completion Date. Separate each goal on separate lines.

Do you have experience at a student-run radio station? If so, explain:

EARS Scholarship Application

Activities

We are interested in learning more about the ways you have used your skills and personal initiative to improve your community, and how you contributed to a school, job, or another organization as a volunteer.

Activity Details

Please provide: Name of Activity, and whether the activity was for School, Work, or as a Volunteer. Also provide Starting and Ending Dates, and the Name of the Organization or Company.

Frequency

How often?

Hours per week

Total hours

Responsibilities/Accomplishments

Additional Activities

For each additional activity, please provide all of the information requested above:

Activity Category (school, volunteer, work), Name of Activity, Starting and Ending Dates, the Name of the Organization or Company, frequency, hours per week, total hours, and your responsibilities and accomplishments.

If you have more activities you wish to report, you may add them in this last field.

EARS Scholarship Application

Personal Statement Questions

Explain your career goals and your educational plan to meet these goals. *

Describe a challenge or obstacle you faced in the last ten years. What did you learn about yourself from this experience?. *

Describe a personal accomplishment and the strengths and skills you used to achieve it. *

Explain how you helped your family or made your community a better place to live. Provide specific examples. *

EARS Scholarship Application

Transcripts and References

Attach your High School Transcripts



Click or drag a file to this area to upload.

PDF single files only.

Attach Official Transcripts from all Colleges/Universities attended



Click or drag files to this area to upload.
You can upload up to 5 files.

PDF single files only. Maximum of 5 files.

References (provide a minimum of two)

Provide the reference name, address, email, and phone for each reference.

If selected to receive a scholarship, I give permission for EARS to include information about me in a publicity release. *

Yes

No

Submit

[Save and Continue Later](#)