



**CHAPTER FL, OREGON P.E.O. SCHOLARSHIP  
CAROLYN J. SWISHER MEMORIAL SCHOLARSHIP**

This scholarship will be available to a woman who shows strength of character, commitment and dedication to a goal and who is attending any higher education institution with preference given to those either dually enrolled in Central Oregon Community College and OSU Cascades or to women enrolled in any of the OSU Cascades undergraduate or graduate programs. A woman is eligible to apply if she:

Is studying in the United States

Is a high school graduate or equivalent

Is enrolled in or has been accepted into any higher education program, with preference given to women who are either dually enrolled at COCC and OSU Cascades or enrolled in any of the OSU Cascades undergraduate or graduate degree programs

Financial need will be considered

A woman is ineligible to apply if she is related to a current member of the Chapter FL Scholarship Committee.

Application Packet Checklist, [please type application](#)

Application Form

- \* Completed in full
- \* Form signed and dated

Income and Expense Statement

- \* Completed in full for the time period of one term or semester
- \* Include explanations of any unusual entries
- \* Show total educational loan debt that has been used – not what is available
- \* Signed and dated by applicant

**One** letter of recommendation from current or past professors if available (preferred) otherwise an explanation and letter from an employer will be accepted if there is lapse in education and a professor is unavailable.

Personal statement and essay

Transcripts – High School if graduated within the last 10 years and Post-High School (if applicable)

Unofficial transcripts are acceptable.

**If more than one letter of recommendation or candidate information in excess of the personal statement is received, it will be disregarded.**

Interview – Finalists will be notified by May 15 for brief interview.

**Packet must be complete before submission.** Please, NO staples on the application.

All completed packets must be submitted by **April 15, 2024** and returned to:

**PEO Scholarship  
c/o Carrie Cohen  
PO Box 327  
Sisters, OR 97759**

**If you have any questions, feel free to send an email to:** [chapterflscholarship@gmail.com](mailto:chapterflscholarship@gmail.com)



# CHAPTER FL, OREGON P.E.O. SCHOLARSHIP

## 2024-2025 APPLICATION FOR SCHOLARSHIP

<u>PERSONAL INFORMATION</u>		
Name:	Age:	Birth date:
Home Address:		
Phone Number:	Ages of Dependent Children:	
Email (please not ending in .edu if possible):		Marital Status:
Student ID (if applicable):	Last 4 Digits of Social Security #:	
<u>INSTITUTION TO BE ATTENDED</u>		
Institution:	Academic Year:	
Address of Institution's Business Office:		
Major/Focus:	Projected Date of Completion:	
Standing at start of Term/Semester (Frosh, Soph, Jr, Sen, Other): _____	Cumulative Post-High School G.P.A.: _____	
	Cumulative High School G.P.A.: _____	
Educational Goals/Career Plans:		
<u>EDUCATIONAL HISTORY</u>		
Colleges/Institutions:	Years:	Degree Earned:
High School:	Year Graduated:	

The information on this application, financial statement and personal essay are accurate and true to the best of my knowledge. If I receive a scholarship from Chapter FL, Oregon P.E.O. Scholarship or the Carolyn J. Swisher Memorial Scholarship, I give permission to release my name, name of college, year in college, and major to the local newspaper; and for use on its web site, bulletin boards, and/or newsletters. Please initial here if you do not want release of any information about this scholarship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Income and Expense Form – 2024-2025

<b><u>MONTHLY INCOME</u></b>		<b><u>MONTHLY EXPENSE</u></b>	
Total Household Monthly Income (Please add after tax salary, spouse's salary, and other household income.)		Estimated Monthly Expenses (please consider total expenses including housing, food, utilities, medical, and car)	
Financial Aid (Actual per month) Scholarships/Grants (list)		Total in Saving Accounts	
		Total in Investments	
		Current Educational Loan Debt	
		Total Balance of Other Indebtedness	
<b><u>EDUCATIONAL EXPENSE PER TERM/ SEMESTER</u></b>			
Tuition			
Books/Educational supplies			
Childcare related to education			
Transportation (gas, parking, bus fare)			
Other (list)			
<b>TOTAL EDUCATIONAL EXPENSES</b>			
		<b>SIGNATURE:</b>	
		<b>DATE:</b>	



# CHAPTER FL, OREGON P.E.O. SCHOLARSHIP

## 2024-2025 Personal Statement

1. List work, volunteer experiences, school activities, and honors and achievements received.  
\*With the ability to add boxes

Employment	From-To Date	Frequency	Hours/Week	Total	Responsibility/Accomplishments/Honors Received

Volunteer Work	From-To Date	Frequency	Hours/Week	Total	Responsibility/Accomplishments/Honors Received

School Activities	From-To Date	Frequency	Hours/Week	Total	Responsibility/Accomplishments/Honors Received

Honors and Awards Received	Date

With toggles

2. Briefly explain why you will be successful in your educational/career goals?

\*Word Limit 150 words or less

3. List a few words that you feel people in your life would use to describe you.

\* With the ability to expand number of rows




# CHAPTER FL, OREGON P.E.O. SCHOLARSHIP

2024-2025 Essay

In 250 words or less, evaluate a significant experience, achievement, risk you've taken or ethical dilemma you have faced and its impact on you.

\*Upload transcripts

\*Upload letter of recommendation