Ohio Association of Community Action Agencies

OACAA Young Professional Conference Scholarship

Application Approval Form

Name of Community Action Young Professional: _____

Agency: _____

Title: _____ **Time with Community Action**: _____

Name of Supervisor: _____

☐ Check this box if the Executive Director is the employee's supervisor

Email: _____ **Phone Number**: _____

Brief summary of work ethic: (Why should this Young Professional earn a conference scholarship? Include examples of achievement, commitment to excellence, work habits, leadership or motivation.)

_____ _____

Supervisor Signature/Date **Executive Director Signature/Date**

The OACAA Young Professional Conference Scholarship **covers the cost of registration and up to three hotel nights**. If the nominated young professional is a scholarship recipient, the employee's Agency agrees to pay for costs not included in the scholarship. These costs include mileage and per diem. All submissions may not be selected. Member agencies may submit 3 scholarship applications. Submissions not chosen may be selected for future conference scholarships. **This scholarship application approval form must be submitted by the applicant via the on-line form by 5:00 pm on 06/18/2026.**

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