

2023 Strength in Education Scholarship



Security Benefit is providing one, \$2,000 scholarship for a student pursuing a degree within the K-12 education field from an academic institution beyond high school.

Criteria

- ☐ Resident of the state of Oklahoma
- ☐ Pursuing a certified degree in education or directly support the education system, including (but not limited to);
 - Teaching
 - School Administration
 - Counselling
 - Librarian
 - Child Psychology
 - Occupational Therapy (speech, learning disabilities, etc.)
 - Dietician
 - Music Instructions
- □ Letter of recommendation
 - From school administrator, teacher, counselor, coach, or another civic leader
- ☐ Letter of application

Applicants should submit a letter of application that covers some of the following questions;

- Why they chose their specific career path
- The impact they want to make in education, the classroom, or the lives of children
- Describe an issue/program that they've experienced or seen that they want to change or improve or Provide an example of an experience or program that made an impact upon them as a student

Application Submission

All materials must be postmarked by March 17, 2023 at:

Oklahoma ASBO

Attn: Security Benefit & OKASBO Scholarship

P.O. Box 32364

Edmond, OK 73003

Selection Criteria

Ad-hoc committee formed within each territory to choose recipient; include at least one (1) Security Benefit representative by the Oklahoma ASBO Board and Security Benefit representative.

Recipient will be chosen who best fits the mission and spirit of the program

As a guideline, applications will be reviewed and selected based upon the materials submitted:

- 30% scholarship
- 50% letter of application
- 20% letter of recommendation

Scholarship Distribution

Scholarship award amount will be distributed to the college, university or vocational school student will be attending. Funds cannot be distributed directly to the student.



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Personal Information

Name: First	Middle		Ţ	ast
Address:				
City:				
Phone Number:	(hon	ne/cell)		
Email Address:				
Date of Birth:				
Academic Information				
High School Graduation Date:				
Name of High School Attending:				
City:				Zip Code:
Cumulative GPA:				
Name of College, University or Tech	nology Center att	ending during 20	023/2024 Ac	ademic Year:
Address:				
City:				de:
Anticipated Degree Completion Date	»:			
Planned Area of Study in the K-12 E	ducation Field: _			
Signature:		Dat	e:	



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Activ	vity	Roles and Responsibilities			
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	r Informat	ion			
Yes	No	I am a U.S Citizen and resident of the State of Oklahoma			
		I am a U.S Citizen and resident of the State of Oklahoma I have applied or have been admitted to a college, university or technology center that offers a			
		certified degree program in the K-12 education field			
		I took the SAT and/or ACT I have a relative who works for Security Benefit			