Activities Chart

OREGON STUDENT ASSISTANCE COMMISSION SCHOLARSHIP APPLICATION

Name: _____

Last 4 digits of
SSN: _____

App # (5 digits)
(eAPP users only): _____

	Dates From-To	Time Spent		Responsibility / Accomplishments
		Hours per Week / Month	Total Hours	
A. School/ Family / Community Activities				
B. Volunteer Service				
C. Work for Pay				