

School Treasurer Licensure – OASBO Pathway Program Application

APPLICATION

Complete this form and submit it along with all supplemental materials to education@oasbo-ohio.org.

First Name		Last Name				
Street Address						
City			State		Zip Code	
Phone			Fax			
Email						
□ Documented e □ Resume included associations/ac Application Agreer □ Certify that □ has	n accredited under nrollment or plans ing employment hi ctivities, profession	graduate univer to enroll in Sch istory, professional attainment a (Initial each sta s either a Stude t senior status a	ool Law nal affili nd list o atement nt (\$0) o	ations, co f publicat :.) or Associa redited u	ommunity affil ions/presenta te (\$50) mem ndergraduate	ber university with an
accounting hours	s necessary for lice	nsure within 12 documented pla	months	of progra	am application	riate degree and/or School Finance within 12
I agree to compl	ete the required cu	ırricular based c	ourses v	vithin 18	months of this	s application
I agree to enter (OASBO's Mentoring	g Program withi	n 60 day	s of emp	loyment as a s	chool treasurer,
to provide complete withdraw my admis program of any char	e, accurate, and tru sion or dismiss me nges or updates to s or failure to repo	thful information after enrollmen my application	on on thi nt. I agre material	s applicat e to notif s. Falsifyi	ion will be gro y, in writing, tl ng information	ne director of the
Applicant Signatur	 ·e					 Date