



# Siderius Scholarship

## 2026

### SCHOLARSHIP OPPORTUNITY

OSM is currently accepting scholarship applications from eligible students enrolled in the massage training program, one for **Spring Term** and one for **Fall Term**.

### SCHOLARSHIP DESCRIPTION

- **\$500 Tuition Scholarship** ~ Recipient will receive a \$500 reduction in tuition to be dispersed over one or more quarters.

### ELIGIBILITY CRITERIA

- Student applicant must have successfully completed all admissions requirements of OSM and been enrolled in the massage training program.
- Students are eligible to apply after successful completion of the Massage Fundamentals course.
- Student should demonstrate a sincere commitment to their education in the healing arts.
- Student must demonstrate a significant financial need.
- Student must demonstrate satisfactory academic and professional performance as defined in the OSM Program Catalogue/Student Handbook.
- Students are only eligible to receive one scholarship award.

### APPLICATION PROCESS

- Student must meet all eligibility requirements and submit completed Scholarship Application with required materials by email: [admissions@oregonschoolofmassage.com](mailto:admissions@oregonschoolofmassage.com)
  - **Spring Term Deadline: February 13<sup>th</sup>**
  - **Fall Term Deadline: October 23<sup>rd</sup>**
- Student may be asked to complete an interview with the Admissions Coordinator, Director of Education and other school officials.
- Applicants who are not awarded may reapply for future scholarship opportunities.

### METHOD OF DISBURSEMENT

- The scholarship recipient & all applicants will be notified of decision by week 7
- Scholarship funds will be applied to the recipient's account for tuition costs quarterly, as award stipulates.
- Recipients who do not maintain satisfactory academic progress will forfeit scholarship award.
- Scholarship awards have no cash value.

*Instructions: Please complete this application form and attach listed requirements. Send to:  
[admissions@oregonschoolofmassage.com](mailto:admissions@oregonschoolofmassage.com)*

## OSM SCHOLARSHIP APPLICATION

Please indicate the campus where you are enrolled: \_\_\_\_\_ Portland \_\_\_\_\_ Salem

**Please Print - Student Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**1. Essay – Please select one of the following topics to write an essay (no more than 500 words.). If you have previously applied, select a different topic.**

- a. Describe three ways in which your massage career will enrich your life and your community.
- b. What have you done outside of the classroom that demonstrates qualities sought after by school and employers? Of these, which means the most to you?
- c. What are your dreams of the future? How does this scholarship fit into your plans for the future?

**2. Financial Need - On a separate page, please describe why a scholarship is financially important to you.**

**3. Income and Expenses –**

**Monthly Income:** Self \$ \_\_\_\_\_ Partner \$ \_\_\_\_\_ Other Income \$ \_\_\_\_\_

**Expenses:** Mortgage/rent \$ \_\_\_\_\_ Groceries \$ \_\_\_\_\_ Utilities/Phone \$ \_\_\_\_\_

Credit Card Debt \$ \_\_\_\_\_ total \$ \_\_\_\_\_ /month

Student Debt (other than OSM) \$ \_\_\_\_\_ total \$ \_\_\_\_\_ /month

Car Payment \$ \_\_\_\_\_ Health Care \$ \_\_\_\_\_ Personal \$ \_\_\_\_\_ Other (explain)\$ \_\_\_\_\_

What is your payment plan with OSM?  Quarterly  Tuition Agreement  Monthly Payment Plan  Loan

**4. References: Please provide 2 references who support your decision to study massage therapy.**

**Full Name:** \_\_\_\_\_ **Full Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

*I certify that the information contained in this application and essay is true and correct. I understand that upon submission of this application, the application becomes sole property of OSM.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR SCHOOL USE ONLY** Program start date: \_\_\_\_\_ Date Application received: \_\_\_\_\_

**Scholarship Committee – Circle one:**

I recommend this applicant for a scholarship

I recommend this applicant for a scholarship

I do not recommend this applicant for a scholarship

I do not recommend this applicant for a scholarship

Signature – Admissions \_\_\_\_\_ Signature – President \_\_\_\_\_

Scholarship Amount Approved \$ \_\_\_\_\_

Effective date: \_\_\_\_\_