



THE OHIO STATE UNIVERSITY

The Ohio State University Alumni Scholars Program Application

Part I: Completed by the student applying for the scholarship.

Part II: Completed by the principal, counselor, or teacher.

Part III: Due Date and Scholarship Chair information. **DO NOT SEND to the University or the Alumni Association.** Must be sent to the Scholarship Chairman of the alumni club.

The Alumni Scholars Committee in your area will screen applicants and interview finalists to select the best prospective student for this scholarship. Please review *Information for the Student* prior to completing this form. If you will be an OSU varsity scholarship student athlete or plan to “walk on” to a varsity sport, you may not be eligible for a club scholarship award. **Each student athlete’s ability to receive a club scholarship award will need approval by Ohio State Athletics Compliance on a case by case basis.**

Part I:

First Name	Middle Name	Last Name	OSU ID Number
Home Address			Cell Phone
City	State	Zip	OSU E-mail or personal email
County	High School	OSU name.#	

PLEASE NOTE: Although the ASP scholarship is merit based it is suggested that all applicants should complete the FAFSA to be eligible for financial need scholarships from the University.

HIGH SCHOOL ACHIEVEMENTS (honors, awards, leadership roles, activities, employment, volunteer service)

Freshman Year:

Sophomore Year:

Junior Year:

Senior Year:

Please highlight your volunteer service (not school related):

Please describe your employee experience (type, hours per week, etc.):

Please write a short statement regarding your educational and career goals:

Why would you like to attend Ohio State?

If you wish to be considered for an award as an admitted student, it is necessary to meet certain academic requirements. Please indicate your permission for university representatives to review your grades by signing below.

Please sign your full name. (first, middle, last)

Part II – Recommendation (Please attach transcript and 2 letters of recommendation to this application)

Student's GPA: _____ Student's Class Rank: _____ ACT Score: _____
Combined SAT Critical Reading & Math Scores: _____ Number of Students in Graduating Class: _____

General estimate of this student's success in college (Letters of recommendation may be attached):

Additional Comments:

Signed

Print your name

Title

Your telephone number

School name

School address

PART III

Send completed application & return by: 02/03/17 to Scholarship Chairman (not OSUAA or OSU)

Carolyn Hummel

616-634-5368

chummel@comcast.net

Name

Telephone

Email Address

3 Del Prado

Englewood

FL 34223

Mailing address

City

State

Zip

Note: Please limit attachments to no more than 2 additional sheets.

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