



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 by email to: osualumniwoodcounty@gmail.com..

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 are not eligible for a club scholarship award.

Part I:

First Name	Middle Name	Last Name	OSU ID Number
Home Address			Home Phone
City	State	Zip	E-mail Address
County	High School	Graduation Date	

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. Fill in admit date to The Ohio State University \_\_\_\_\_

HIGH SCHOOL ACHIEVEMENTS (honors, awards, leadership roles, activities, 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.):

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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)***

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## Part II

Completed by high school principal, counselor, or teacher on \_\_\_\_\_, (date)

Student's GPA: \_\_\_\_\_ Student's Class Rank: \_\_\_\_\_  
ACT Score: \_\_\_\_\_ Combined SAT Critical Reading & Math Scores: \_\_\_\_\_

Number of Students in Graduating Class: \_\_\_\_\_

*\*If your high school doesn't rank, what rank do you consider him/her \_\_\_\_\_.*

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

Additional Comments:

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Signed

Print your name

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Title

Your telephone number

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School name

School address

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## PART III

**Email completed application, in PDF format, and updated transcript by January 19, 2018 to [osualumniwoodcounty@gmail.com](mailto:osualumniwoodcounty@gmail.com). If you do not receive an acknowledgment that your application was received within 48 hours of sending, please call Mark Hamen at 419-666-7897.**

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

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