



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: principal, counselor, or teacher mail application to Scholarship Chair.

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, you will not be eligible for the 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: All applicants must complete the Application for Freshman Admission, Scholarships, and Financial Aid. Date submitted: _____

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.):

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

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:

Signed

Print your name

Title

Your telephone number

School name

School address

PART III

Send completed application, updated transcript & return by: **February 7, 2011**
To Scholarship Chairperson:

OSUACLC/Scholarship Chairman

419-292-1474

smoser@bex.net

Name

Telephone

Email Address

P.O. Box 8730

Toledo

Ohio

43623-0730

Mailing address

City

State

Zip

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