



The Ohio State University Alumni Scholars Program Application

Part I: Should be filled out by the student applying for the scholarship.

Part II: Should be filled out by the principal, counselor, or teacher.

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.

Part I:

Name			Social Security 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, which is available in the Viewbook. 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 a possible scholarship renewal or an award as an enrolled 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.

Part II

(To be completed by high school principal, counselor, or teacher)

Student's Grade Point Average: _____ Student's Class Rank: _____*

ACT Score: _____ Number of Students in Graduating Class: _____

SAT Score: Verbal ___ Math ___ Total _____ Date this form was completed: _____

**If your high school doesn't rank, do you consider this student to be in the top 25% of his/her class? Yes No*

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

****WHEN COMPLETED, ATTACH AN UPDATED TRANSCRIPT & RETURN BY JANUARY 15th TO THE SCHOLARSHIP CHAIRPERSON LISTED BELOW:**

Name Telephone E-mail address

Mailing address City State Zip

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