



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.

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

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**

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: Jan 4 2019 To Counseling Office Scholarship Chairperson: by 2:00

|   |                                  |  |                     |
|---|----------------------------------|--|---------------------|
| <u>Tom Birong</u><br>Name                   | <u>330.324.8157</u><br>Telephone | <u>Tibirong@gmail.com</u><br>Email Address |                     |
| <u>154 Northstar St.</u><br>Mailing address | <u>Carrollton</u><br>City        | <u>Ohio</u><br>State                       | <u>44615</u><br>Zip |

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