



THE OHIO STATE UNIVERSITY

The Ohio State University Alumni Scholars Program Information for the student

The Ohio State University Alumni Scholars Program (ASP) is intended to provide recognition and financial assistance to outstanding incoming freshmen. The Ohio State University Alumni Association coordinates the program, with the support of the local alumni club, the offices of Admissions and Financial Aid, and the Office of University Development.

Your local alumni club will offer at least one Alumni Scholarship award. It is a \$600 merit-based scholarship. The standards of selection for this award are:

- Ranking in the top 10% of your high school graduating class
- Demonstrating involvement in school and community activities
- Showing a sound interest and positive attitude toward college work

You should complete Part I of the *Alumni Scholars Program Application*, and then have your principal, counselor, or teacher complete Part II. It is important that this person attach a copy of your transcript to the application. **The alumni club scholarship chairperson must receive the completed application, with transcript, no later than the date specified on Part III of the application.** The chairperson's name and address can be found on Part III of the application.

You must have submitted an **Undergraduate Admission Application** to be considered for this scholarship. The application can be found at www.apply.osu.edu. If you wish to file a **Free Application for Federal Student Aid (FAFSA)**, it is available through your counselor or at www.fafsa.ed.gov.

Award posting from the Office of Student Financial Aid will be visible on the recipient's Buckeye Link account beginning in March. If you are a recipient of an alumni scholarship award, it will be listed as the *Alumni Scholars Program* or the name of the club's scholarship account. There are occasions when the recipient is not determined until summer. In order to keep a scholarship, a student must maintain full-time enrollment (minimum 12 hours) for each semester of the award.

If you are going to be an OSU varsity student athlete, even walk on status, you are not eligible for the club scholarship award.

Further information may be obtained by contacting The Ohio State University Alumni Association, 2200 Olentangy River Rd, Columbus, OH 43210; (614) 292-2371, 800-862-5827; email smith.6863@osu.edu



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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 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.):

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: 15 JUN 17 To Scholarship Chairperson:

EDWARD A QUICKLE 419.443.1742

Name 458 SOUTH WASHINGTON STREET Telephone TIFFIN Email Address OHIO 44883

Mailing address _____ City _____ State _____ Zip _____

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