

A message from Beth Moore, representative of the Alumni Club of Northwest Ohio Williams County Scholarship Chairperson:

We offer \$600.00 scholarships, Lindsey-Winzeler endowment currently valued at \$1200.00 and the Bell Family Scholarship currently valued at \$3,000.00. For the Bell Scholarship; all who rank in the top ten percent of their class and attend interviews will be considered. Preference will be given to students who have, through school activities, shown an interest in human ecology or agriculture and plan on furthering that interest at OSU.

Our other financial option available, The Lindsey-Winzeler Memorial Scholarship Endowment at Ohio State, currently generates about \$1,200 annually for scholarships for Williams County Students with financial need. The scholarship is listed in the FAFSA application so please encourage your students to indicate their interest when they complete their application. None of our scholarships are renewable.

Standard for selection include the following:

- Should rank in the top ten percent of their high school graduating class
- Should be recommended by the high school principals, counselors and /or teachers based on scholastic ability and character
- Should have school and community activities
- Should impress the committee during the personal interview with a sound interest and positive attitude toward college work.

Interviews will be conducted late January, 2015. We will notify applicants of exact time and place. We can make special arrangements for students if the selected date will not work.

✓ Every applicant must have completed the Ohio State University admissions application process.



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.

you are not eligible it	or a club scholarship a	award.		
Part I:				
First Name	Middle Name	Last Name	OSU ID Number	
Home Address			Home Phone	
City	State Z	ip	E-mail Address	
County	High School		Graduation Date	
PLEASE NOTE: Although eligible for financial need s	the ASP scholarship is me scholarships from the Unive	erit based it is suggested that all a ersity. Fill in admit date to The Oh	pplicants should complete the FAFSA to be nio State University	
HIGH SCHOOL A Freshman Year:	ACHIEVEMENTS	(honors, awards, leadership roles	, activities, volunteer service)	
Sophomore Year:	:			
Junior Year:				
Senior Year:				
Please highlight y	our volunteer serv	vice (not school related	d):	

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.

	Ī	Please sign your full name. (first, middle, last)		
Part II Completed by high school principal	al, counselor, or teacher on	, (date)		
Number of Students in G	Student's Class Rank: Combined SAT Critical Readir Graduating Class: sn't rank, what rank do you consider			
General estimate of this attached):	student's success in college (Letter	s of recommendation may be		
Additional Comments:				
Signed	Print you	ur name		
Title	Your telephone number			
School name	School address			
PART III Send completed applicat	ion, updated transcript & return by:	To Scholarship Chairperson:		
Name	Telephone	Email Address		
Mailing address	City	State Zip		

Note: Please limit attachments to no more than 2 additional sheets. R 8.14