



Choose Ohio First Scholarship Application

Applicant Information

Student ID:				Academic Division:		
Last Name:				First Name:		
Address:						
City:		State:		Zip:		
DOB:		Gender:		Race/Ethnicity:		
Email Address:						
Telephone Number:				Alternate Number:		

Enrollment/ Academic Information

I am applying as a (circle one): High School Senior / Current Student

- Enrollment Status (circle one): Full –Time/Part-Time
- Current Cumulative GPA: _____
- Anticipated Graduation Date: _____
- Number of Completed Credits: _____

Major(s):

1. _____
2. _____
3. _____

General Information

Please answer the following questions in regards to the scholarship offer:

1. Are you a first generation college student? ___ Yes ___ No
2. Are you Pell eligible? ___ Yes ___ No
3. Are you a displaced worker? ___ Yes ___ No
4. Do you have a FAFSA on file? ___ Yes ___ No
5. Are you a U.S. citizen? ___ Yes ___ No

Scholarship Interest

Please briefly explain how you are currently financing your education and why you believe this scholarship will be beneficial to you:

Disclaimer and Signature

I hereby affirm that all the above stated information provided by me is true to the best of my knowledge. I also consent to the release of my educational records related to course work, clinical, co-op, enrollment history and graduation to all parties involved with the Choose Ohio First Scholarship Program.

Signature of scholarship applicant

Date