



University Scholar candidates\* must have a minimum of 28 ACT or 1240 SAT and rank in the top 15% of their graduating high school class. Those candidates who took the new SAT must have a composite score of 1860. Note: The scores used to qualify must be composite scores and not a combination of sub scores from different test dates.

\*Students enrolled in YSU's jointly sponsored BSMD program with Northeast Ohio Medical University (NEOMED) are not eligible for the Leslie H. Cochran University Scholarship.

# UNIVERSITY SCHOLAR AWARD APPLICATION

You must complete the Undergraduate Application to be eligible for this award.

## SECTION 1: APPLICANT INFORMATION

To avoid delay, furnish complete and accurate information.

YSU BANNER ID NUMBER (if applicable)							
Y	0	0					

NAME AND PERMANENT HOME ADDRESS		
Please Print		
Last Name	First Name	Middle Initial
Number and Street		
City	State	Zip Code

Telephone No.: \_\_\_\_\_

Mobile Phone No.: \_\_\_\_\_

Email address: \_\_\_\_\_

Gender:  Male  Female

Birthdate (MM/DD/YYYY): \_\_\_\_\_

Expected high school graduation date: \_\_\_\_\_

What is your intended major? \_\_\_\_\_

Would you like for this application to also serve as your application to the University Honors Program?  Yes  No

**SECTION 2:** In order for you to be considered for a scholarship, this section must be filled out completely and signed by the administration at your high school.

STUDENT'S NAME \_\_\_\_\_

ACT composite: \_\_\_\_\_ SAT composite: \_\_\_\_\_

Rank in class: \_\_\_\_\_ In a class of: \_\_\_\_\_

Student's grade point average (GPA) \_\_\_\_\_, based on \_\_\_\_\_ semesters:

Weighted: \_\_\_\_\_ on a scale of \_\_\_\_\_ points; and/or Unweighted: \_\_\_\_\_ on a scale of \_\_\_\_\_ points.

If you do not rank, please estimate percentile ranking: \_\_\_\_\_%

Year of high school graduation: \_\_\_\_\_ High school telephone no.: \_\_\_\_\_

Name and address of high school: \_\_\_\_\_

Print Name of Principal or Counselor: \_\_\_\_\_ School Email Address: \_\_\_\_\_

SIGNATURE OF PRINCIPAL OR COUNSELOR: \_\_\_\_\_ DATE: \_\_\_\_\_





**D. Employment Information**

Please list employment you have had since 9th grade. Indicate if it is seasonal or employment during the school year.

Job/Type of Work	Employer	Summer/Winter Break or School Year Dates	Hours/Week

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**SECTION 5: SHORT ESSAYS**

Select **two of three** short essays, and provide a concise response composed of **250 words** or fewer. Please keep the response within the space provided, and **do not submit in handwritten format**.

- 1.) Describe the volunteer activity you found to be the most meaningful. Discuss how you, and those for whom you gave of your time, benefited from your participation.

2.) Describe what or who (outside of your immediate family) inspires you.

3.) Describe the most valuable lesson you have learned as a leader or member of a team or organization.

## **SECTION 6: ESSAY**

The essay is an opportunity for you to distinguish yourself from other applicants. Your response is limited to 500 words or less and must be contained within the space provided.

**What makes you unique?** Discuss your special skills, interests, accomplishments, ideas, or something in your background that will help the Selection Committee know you better.



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**APPLICANT'S SIGNATURE:** In signing this application, I certify that the information given is complete and correct to the best of my knowledge and belief, and I agree to abide by the provisions attached to any financial assistance which may be approved for my use by Youngstown State University financial aid authorities.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

*PLEASE NOTE: To be considered for a University Scholarship, you must also submit an Application for Admission.*

**THIS APPLICATION AND ALL REQUIRED MATERIALS MUST BE RETURNED BY FEBRUARY 15 TO:**

Honors Office, Cafaro House  
Youngstown State University  
One University Plaza  
Youngstown, OH 44555

**Youngstown**  
STATE UNIVERSITY

*Youngstown State University is committed to a campus environment that values all individuals and groups, and to non-discrimination and equal opportunity for all persons without regard to sex, race, religion, color, age, national origin, sexual orientation, gender identity and/or expression, handicap/disability, or identification as a disabled and/or Vietnam era veteran. The University is also committed to the principles of affirmative action and acts in accordance with state and federal laws.*



# UNIVERSITY SCHOLAR AWARD APPLICATION

## SECTION 7: RECOMMENDATION FORMS

Please submit 2 recommendations with your application. One must be from an individual that served as your teacher and has direct knowledge of your academic abilities. The other recommender can be another teacher or someone familiar with your extracurricular, leadership, work or volunteer activities.

Applicant – Please complete Part A and provide this form to recommender. Upon completion the recommender should place the form and supportive letter in a sealed and signed envelope for you to submit with your entire application packet.

### Part A (To be completed by applicant.)

Student Name (first, middle, last): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

### Part B (To be completed by recommender.)

#### Dear Recommender,

The University Scholars Program at Youngstown State University is a full-cost scholarship program awarded to 40 graduating seniors on an annual basis. Individuals receiving the scholarship will complete Honors classes, volunteer annually, engage in campus life as leaders and members of activities/organizations, and reside in the Honors residence hall to contribute to the Honors community. In addition to high school performance and college entrance exam scores, the selection committee is looking for the following attributes:

- Exhibit academic achievement, intellectual curiosity, passion for learning and contribution to the learning of others;
- Have potential to or are already making an impact in their school or community;
- Demonstrate strong work ethic, integrity and motivation.

Please complete and return this form, along with your supportive letter, to the applicant in a sealed/signed envelope to be returned with the entire application packet.

Thank you for your time in completing this recommendation.

Recommender Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

How long have you known this student and in what capacity? \_\_\_\_\_

Signature \_\_\_\_\_





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Signature \_\_\_\_\_