

**OHIO UNIVERSITY COLLEGE OF  
OSTEOPATHIC MEDICINE SCHOLARSHIP  
APPLICATION**



Ohio  
University  
College of  
Osteopathic  
Medicine

The Ohio University College of Osteopathic Medicine Scholarship is awarded to a graduating senior at **Athens High School**. The senior who is awarded the scholarship should (1) exhibit an interest and aptitude in the sciences, as demonstrated by course work and G.P.A. and (2) should have a career goal in a health field. Extra curricular activities reflecting this career goal will be considered as additional supporting criteria. If you are interested in being considered for the scholarship, please complete this form and return to **Kathy Stotts** no later than **April 16, 2007**.

YOUR NAME: \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

COLLEGE YOU PLAN TO ATTEND: \_\_\_\_\_

PLEASE TELL US WHAT YOUR HEALTH CAREER PLANS ARE: \_\_\_\_\_

\_\_\_\_\_

AWARDS OR RECOGNITIONS YOU HAVE RECEIVED: \_\_\_\_\_

\_\_\_\_\_

SCHOOL OR COMMUNITY ACTIVITIES YOU ARE INVOLVED IN: \_\_\_\_\_

\_\_\_\_\_

**Essay: In 125 words or more, please indicate why you should be chosen to receive this scholarship. Also include any special circumstances or needs that apply to your particular situation. Attach your essay to the application.**

The above information is true and accurate to the best of my knowledge and understanding.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

Student's G.P.A. (on a 4.0 scale): \_\_\_\_\_

Student's overall class rank: \_\_\_\_\_

\*Please attach an academic transcript reflecting science coursework.

Guidance Counselor's Signature: \_\_\_\_\_