

Warren J. McClure Scholarship Application

Check one: ___ J. Warren McClure Scholarship ___ Frances Helser-Williams Music Scholarship ___ McClure Athens Education Bush Opportunity Fund Scholarship (for 2 year colleges or certificated programs); Class of 1983 Award for a senior entering the Armed Forces other than the National Guard or an Academy

If one of your parents is employed at Ohio University and you only plan to attend O.U., you would not be eligible for the \$1000 J. Warren McClure Scholarship.

Name _____ Address _____

City _____, Zip Code _____ Ph. _____

Email address _____

Family Information

Number of people living in your household: _____

Father's place of employment: _____ Full time ___ Part time ___
Occupation _____

Mother's place of employment: _____ Full time ___ Part time ___
Occupation _____

Please list family members who are currently enrolled in college or school.

NAME	AGE	INSTITUTION

Educational Plans

Name and type of institution you will attend: _____

(Please circle.) 4 year college 2 year college trade school

Description of program you plan to pursue: _____

Approximate cost of program for one year:

Tuition _____ Room and Board _____ Other _____

Where do you plan to reside? _____

Have you applied for financial aid? ___ Have you been accepted to the school?

Have you completed the FAFSA (Federal Application for Student Aid)? (Yes, No)

To be completed and signed by your counselor or the guidance office secretary.

Class rank _____ Grade Point Average _____ Signature _____

ACT or SAT score(s) _____

Extra Curricular Activities

List all student organizations of which you were a member. _____

List any awards or offices you have received or held. _____

List any work, home, or community obligations you have fulfilled in high school. _____

Essay: Using a separate sheet please type a description of your future goals and ambitions; how you plan to pay for college; and why you wish to be considered for a scholarship. (300 words or less)

I hereby give my permission for this information, along with a copy of my high school transcript, to be released to any individual that is evaluating this application and my transcript.

Signature of Student _____ Signature of Parent _____

(Required if student is under 18)

Date _____

This application must be returned to the Guidance Office by February 14th