

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 enrolled student, it is necessary to meet certain academic requirements. Please indicate your permission for university representatives to review your grades by signing below.

Please sign your full name.

Part II

(To be completed by high school principal, counselor, or teacher)

Student's Grade Point Average: _____ Student's Class Rank: _____*

ACT Score: _____ Number of Students in Graduating Class: _____

Combined SAT Critical Reading & Math Scores: _____

Date this form was completed: _____

**If your high school doesn't rank, do you consider this student to be in the top 25% of his/ her class? Yes No*

General estimate of this student's success in college (Letters of recommendation may be attached):

Additional Comments:

Signed

Print your name

Title

Your telephone number

School name

School address

****WHEN COMPLETED, ATTACH AN UPDATED TRANSCRIPT & RETURN BY JANUARY 15th TO THE SCHOLARSHIP CHAIRPERSON LISTED BELOW:**

Carol Kinsey
Name

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