

For internal use:
Application received:

Application for Scholarships in the College of Biological Sciences

This form should be used for all College of Biological Sciences awarded scholarships. The selection committee reserves the right to decide which scholarship is appropriate for the applicant and the quarter(s) the scholarship will be awarded.

Applicant Information:

Name: _____

Email: _____ Last 4 digits of SSN: _____

Local Address: _____

Local Phone: _____

Permanent Address: _____

Permanent Phone: _____

Academic Information:

Major(s): _____ cumulative GPA: _____

Minor(s): _____ Anticipated quarter of graduation: _____

Name of faculty member submitting a letter of recommendation on your behalf (required only for juniors and higher rank applicants): _____

Circle the quarter(s) in which you would like your tuition credited by the award amount, should you earn a scholarship:

Summer Autumn Winter Spring (of current academic year)

___ (check if applicable) I have demonstrated financial need, and have a FAFSA on file with the Office of Student Financial Aid.

___ (check if applicable) I am currently involved in undergraduate student research, and my research advisor is: _____

Briefly describe your long-term academic and career goals:

List any leadership and/or service activities in which you have participated at OSU and/or your work experience:

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(Optional) Briefly describe any special circumstances or reasons why you should be considered for a scholarship from the College of Biological Sciences; include, if applicable, the name of the scholarship which is particularly appropriate to your situation and why.

(Optional) Attach a copy of your resume.

(Required of students rank 3, junior, and above) Please provide the name of a faculty member in the sciences who has agreed to submit a recommendation letter on your behalf. Faculty recommenders should include your name in their letter, and should provide their evaluation of your motivation and likelihood for success in the biological sciences. Recommendation letters may be included in a sealed envelope with your application, or sent directly to the address below. Students who have previously submitted a recommendation letter with a Biological Sciences scholarship application do not need to submit another.

Barbara Eakins
College of Biological Sciences
260 Jennings Hall
1735 Neil Avenue
Columbus, OH 43210

OR

email to eakins.16@osu.edu by the
appropriate deadline

Applications should be submitted at any time, by October 31 and March 31 of each year.

Certification—to be signed by applicant

I affirm that the information which I have provided on this application form and any additional material that I submit related to this scholarship application is complete, accurate and true to the best of my knowledge. I hereby authorize the College of Biological Sciences at the Ohio State University to obtain appropriate academic records, and to release the scholarship application information provided by me to scholarship donors for the purpose of providing the donors with information concerning my eligibility as a scholarship recipient. I also understand that furnishing false information may result in revocation of the scholarship or disciplinary action pursuant to The Ohio State University Code of Student Conduct.

Applicant's Signature

Date