The Hilltoppers for Hope Scholarship Fund was created to benefit an Ohio University Chillicothe student who has battled or is battling cancer to assist him or her in returning to or continuing his or her educational goals and embettering their future. The application form and copy of the guidelines are posted on the OUC Website and in the Financial Aid Office.

Guidelines

1.) Applications must be returned to Kim McKimmy, Dean’s office by January 31, 2018 for the screening committee and awards will be made during the spring semester.
2.) The Health, Wellness, and Safety Committee will review applications and select a recipient based on applicant’s academic achievement, financial need and essay.
3.) Academic record and financial need will be reviewed.

2.) Criteria for selection of the recipient:

A. Recipient must be an incoming or current OUC student that has battled or is battling cancer.
B. Scholastic achievement of the recipient must be at least a 3.0 GPA.
C. Medical Documentation of cancer date and treatment from a doctor or a hospital record or bill must be attached to the application.
D. Details of Financial need will need to be illustrated and verified.

3.) Attach a short essay about your experience surviving cancer using the prompts below.

A. Discuss your experience having survived cancer or your current battle against cancer.
B. Discuss how your cancer experience has affected you financially.
C. Discuss if your cancer has affected you academically and burdens put on your education.  
   * Include a statement if your cancer has affected your GPA standing.
D. Discuss your professional goals.
E. Typed, double spaced and one to two pages.

If you have questions regarding the scholarship or the application process you may contact either of the following:

Kim McKimmy, Assistant to Executive Dean’s Office and Athletic Director, 740-774-7222 or kellyk@ohio.edu

Jennifer Roy, Director OUC Health and Wellness Center, 740-774-7716 or royj@ohio.edu
Scholarship Application

1) I __________________________ am applying to be considered for a scholarship to assist in the payment of my tuition while attending Ohio University Chillicothe for the 2018 spring semester.

Name: ___________________________________________ Date of Birth: _____________________

Permanent Address: __________________________________________________________________
___________________________________________________________________________________

Phone/Cell: __________________________________________

Email: ____________________________________________

2) ATTACH a short essay about Experiences Surviving Your Cancer – see guidelines for instructions.

3) Any additional comments concerning financial need: ______________________________________
____________________________________________________________________________________
____________________________________________________________________________________

4) I understand that my academic record and financial aid status will be checked by an Ohio University staff member. (Initial) __________

Make any further statement that you feel will provide information of value to the Committee in considering your application.

Signed: _____________________________________________ Date: __________________________

Return application, essay about Experiences Surviving Your Cancer and documentation from hospital or doctor visit illustrating treatment for cancer to Kim McKimmy in the Dean’s Office by January 31, 2018, 101 University Drive, Chillicothe, OH 45601. Academic record and financial need will be reviewed.