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| **APPLICATION****SUBMISSION DEADLINE: FRIDAY, FEBRUARY 10, 2017 AT 5:00 PM**  |

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| **Last Name:** |  | **First Name:** |  | **MI:** |  |

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| **PID:** |  |
| **Home Address:** |  |
| **Campus Address:** |  |
| **E-mail:** |  |
| **Major(s):** |  |
| **Class Rank:** | Freshman/Sophomore/Junior/Senior | **Expected Graduation Date:**  |  |
| **Hometown Newspaper:** |  | **Current GPA:** |  |

**Please put an X in one of the following:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **I wish to be considered for:** |  | Scholarship Award |  | Achievement Award |  | Both |

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| **HONORS** |

List all honors you have received for academic or leadership abilities (attach additional sheets if necessary)

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| --- | --- |
| **Honor:** | **Date Received:** |
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| **COMMUNITY SERVICE** |

List all volunteer activities in which you have participated without pay during college

(i.e., mentoring/tutoring, working social service organization, church activities, etc.)

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| **Organization:** | **Date(s):** | **Total Hours:** |
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| **EXTRACURRICULAR ACTIVITES** |

List all organizations in which you have participated (i.e., student government, athletics, drama club, etc.)

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| **Organization or Activity Name:** | **Position Held (if applicable):** | **Years (ex. 2013-2014):** |
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| **PERSONAL STATEMENT** |

On a separate sheet(s) provide a brief autobiography that includes:
1) your reasons for applying 2) personal/family background 3) highlights of your extracurricular activities, community service and leadership experiences 4) career aspirations
Your autobiography must be attached to this application form, typed using a minimum font of 12 points, double spaced, and no more than three typed pages. Your name and the date must appear at the top of the sheet.

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| **REFERENCES** |

Names, addresses, telephone numbers of two references (at least one should be an OU faculty or staff member):

|  |  |
| --- | --- |
|  **Reference #1**  |  Reference #2 |
| **Name:** |  | **Name:** |  |
| **Campus Address:** |  | **Campus Address:** |  |
| **Phone Number:** |  | **Phone Number:** |  |
| **E-mail Address:** |  | **E-mail Address:** |  |

*The Review Committee has my permission to check my university academic records and references as needed. The Review Committee guarantees full confidentiality of all student records.*

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| --- | --- | --- | --- |
| Student Signature: |  | Date: |  |