Ohio University Southern Campus
Freshman Excellence (full tuition) and Academic Merit (half tuition) Scholarship
Supplemental Application

Name ________________________________________________________________________________

OU PID ________________________________________________________________________________

Address ________________________________________________________________________________
Street/PO Box __________________________________________________________________________
City __________________ State _______ Zip ________________________________________________________________________

Home phone ___________ Cell phone ___________ email address ___________ Date of Birth ___________

High School ____________________________________________________________________________

Date of Graduation _______________________________________________________________________

ACT Scores
Eng ______ Math _______ Read ______ Sci _______ Comp _______
(Include highest score in each area if taken more than once)

Signature of Applicant _________________________________________ Date ________________________

Please have high school counselor complete the following information:

High School Grade Point Average ___________________________ Overall GPA _____/_______

Counselor Signature _________________________________________

High school transcript and ACT scores are required with this form. You must also complete an
application for admission and be admitted to Ohio University Southern.

Please return by March 1, 2015 to:
Jacki Adkins
1804 Liberty Ave.
Ironton, OH 45638
adkinsj@ohio.edu