



Ohio Association for College Admission Counseling Charles L. Warren Memorial Heritage Scholarship 2015

Scholarship Information

The Charles L. Warren Memorial Heritage Scholarship is awarded by the Ohio Association for College Admission Counseling each year to outstanding high school seniors. The scholarship is a one-time \$1,500 award.

CRITERIA FOR ELIGIBILITY:

This scholarship is awarded to students who meet the following criteria:

- ⇒ Demonstrate and show a continued commitment to cultural and intellectual diversity
- ⇒ Attend an OACAC member high school
- ⇒ Have an accumulated grade point average of 3.00 or better on a 4.00 scale in a college preparatory curriculum
- ⇒ Required to attend an Ohio college or university
- ⇒ Submit the Charles L. Warren Memorial Heritage Scholarship application, **an official high school transcript**, a counselor recommendation and a personal statement by the published deadline

All of these criteria are required, along with other factors as determined by the Inclusion, Access, and Success Committee of OACAC. Students from underrepresented populations are encouraged to apply.

APPLICATION DEADLINE IS MARCH 16, 2015

Please return completed application forms to:

Nancy Gibson
OACAC Inclusion, Access and Success Committee Chair
Denison University
Office of Admissions
100 Chapel Drive
Granville, OH 43023



**Ohio Association for College Admission Counseling
Charles L. Warren Memorial Heritage Scholarship**

Personal Statement

Please submit a typewritten response to each of the following questions.

1. Please describe the environment that you come from – for example, your family, community, or school – and how this environment has influenced what you value most about your heritage. (250 word limit)
2. How have you currently contributed to the intellectual and cultural diversity in your high school or community, and how do you plan to continue your commitment at your college or university of choice? (250 word limit)
3. How will this scholarship make a difference to you? (100 word limit)
4. Please list any colleges and or universities to which you are applying or plan to apply.



**Ohio Association for College Admission Counseling
Charles L. Warren Memorial Heritage Scholarship**

Please type or print clearly in blue or black ink. The application deadline is **March 16, 2015**.

Personal Data:

Last Name	First Name	Middle Initial	M/F
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Permanent Address	City	State	Zip	Birth date (mm/dd/yyyy) / /
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(Area Code) Home Phone

(Area Code) Cell Phone

Demographic Data: (Please check all that apply)

Are you Hispanic/Latino (including Spain) Yes No

American Indian or Alaska Native Asian (including Indian subcontinent and Philippines) White

Black or African American (including Africa and Caribbean) Other _____

SSN or Permanent Resident #: _____

1. Parent/Guardian Data:

2. Parent/Guardian Data:

Parent/Guardian Name

Parent/Guardian Name

Address

Address

Occupation

Employed Not Employed

Occupation

Employed Not Employed

Highest Level of Education

Highest Level of Education



**Ohio Association for College Admission Counseling
Charles L. Warren Memorial Heritage Scholarship**

Academic Data:

Name of Current High School

Location of High School

High School Guidance Counselor

High School Telephone Number (xxx-xxx-xxxx)

Interested College Major(s)

Intended Date of High School Graduation (mm/yyyy)

High School Activities and Awards

(Please attach a resume or an additional page if needed)

Activities in high school (music, clubs, sports, etc.):

Name of Activity	Years Participated				Related offices or positions held	Number of years in position
	9	10	11	12		
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Activities out of school (community service, scouting, church etc.):

Name of Activity	Years Participated				Related offices or positions held	Number of years in position
	9	10	11	12		
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Other evidence of special talents, honors, awards: _____

Work Experience:

Job Title _____ **Employer** _____

Approximate hours per week _____ **Length of employment: From** _____ **To** _____

CERTIFICATION

Please read statement and sign below

I affirm that the information that I have provided on this application form and any additional material that I submit is complete, accurate and true to the best of my knowledge. I authorize each high school that I have attended to release academic and personal information, as related to this scholarship application.

X _____ Date ____/____/____



**Ohio Association for College Admission Counseling
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High School Counselor Recommendation

Student's Name: _____

High School: _____

Class Rank: _____ GPA (on 4.0 scale): _____

Please list or attach the student's senior year courses

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Counselor Name (please print): _____

Counselor Signature: _____

Phone: _____ Email: _____

Please provide an official high school transcript and a recommendation describing why this student is a deserving candidate for this scholarship. Feel free to use your school's letterhead and attach them to the application.