



**Ohio Association for College Admission Counseling
Charles L. Warren Memorial Heritage Scholarship 2012**

Scholarship Information

The Charles L. Warren Memorial Heritage Scholarship is awarded by the Ohio Association for College Admission Counseling each year to three outstanding high school seniors. The scholarship is a one-time \$1,000 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
- ⇒ Demonstrate financial need (i.e. Free or reduced lunch or fee waivers)
- ⇒ Plan 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 Multicultural Concerns Committee of OACAC. Students from underrepresented populations are encouraged to apply.

APPLICATION DEADLINE IS MARCH 15, 2012

Please return completed application forms to:

**Nancy Gibson
OACAC Multicultural Concerns 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 statement addressing the following three questions. The statement should be no more than 500 words.

1. Describe the environment you come from – for example, your family, community, or school – and how this environment has influenced what you value most about your heritage.
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?
3. Why are you deserving of this scholarship?
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 in blue or black ink. Deadline for application is **March 15, 2012.**

Personal Data:

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

Demographics:

Are you Hispanic/Latino (including Spain) Yes No *If no, please check all that apply below:*

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

Black or African American (including Africa and Caribbean) Other - describe your background _____

1. Parent/Guardian Data:

2. Parent/Guardian Data:

Parent/Guardian Name	Parent/Guardian Name
Address	Address
Occupation <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed	Occupation <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed
Highest Level of Education	Highest Level of Education

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)



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

High School Activities and Awards – feel free to attach 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 th	10 th	11 th	12 th		
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"/>	_____	_____

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

Name of Activity	Years Participated				Related offices or positions held	Number of years in position
	9 th	10 th	11 th	12 th		
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

From (mo/yr): _____ To (mo/yr): _____

Job Description (be specific): _____

You must submit an official high school transcript for your application to be considered.

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
Charles L. Warren Memorial Heritage Scholarship

Guidance Counselor Recommendation

Student's Name: _____

High School: _____

This student qualifies for fee waivers or reduced lunch: YES _____ NO _____

Class Rank _____ GPA (on 4.0 scale) _____

Please list 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. Also, please indicate if this student demonstrates financial need. Feel free to use your school's letterhead and attach them to the application.