The Franklin University Choose Ohio First (COF) Scholarship
Academic Year 2016-2017

Last name _______________________________________________________________________________________________

First name ___________________________________ M.I. __________ Franklin Student ID ____________________________

Address ________________________________________________________________________________________________

City, State, Zip __________________________________________________________________________________________

Phone Day ( ) _____________________________ Evening ( ) ________________________________

Award:
A competitive scholarship based on merit that is offered by the Ohio Department of Higher Education (ODHE) through a collaboration with Franklin University. Recipients will be awarded $1,500 - $5,400 annually divided into two installments each year. Renewable if requirements continue to be met.

Scholarship Requirements:

• Ohio resident (with minimum of one year of residency or graduate of an Ohio high school)
• Undergraduate student actively seeking a bachelor’s degree in:
  Computer Science, Management Information Sciences, Information Technology, Cyber Security/Information Security or Web Development
• Must maintain an overall 2.75 GPA at Franklin University
  o Freshmen with no transfer or Franklin credits must have at least a 2.75 high school GPA
  o Transfer students must have at least a cumulative 2.75 transfer GPA
  o Current Franklin University students must have at least a cumulative 2.75 Franklin GPA
• Preference to students who are the first generation to attend college
• Must be enrolled in at least 6 hours at Franklin University during the Terms awarded
• Must agree to provide information about your participation in the Choose Ohio First Program
• Must engage in STEM-related experiential learning opportunities
• Scholars are required to participate in University sponsored COF scholar events

Application should include:

• This form (incomplete applications will not be considered)
• An essay of no more than 1000 words that addresses the following:
  o What are your goals and motivation to pursue this degree?
  o What strengths do you have that would contribute to your success in the program?
  o What is your expected timeline for completing the degree program?
  o Where do you see yourself in the future career wise?
  o How will this scholarship contribute to your education?
• Transcripts – you must submit, or have on file at Franklin, transcripts from previous academic work, including college and high school transcripts.
• (Optional) Recommendation from someone who can speak to your likelihood to succeed in the degree program.
Please answer the following questions:

1) Are you a current Ohio resident of at least one year or a graduate of an Ohio High School?  □ yes  □ no

2) Are you a first generation college student?  □ *yes □ no

   (*Answer "yes" if neither of your parents completed a four year college degree.)

3) As of today, are you a dislocated worker?  □ *yes □ no

   (*Generally, the term “dislocated worker” refers people who lost their jobs through job elimination or layoffs, and are now unlikely to be able to return to similar work. It also applies to individuals who were self-employed but are no longer able to stay in business due to economic conditions or a natural disaster.)

4) What was your family’s total 2015 taxable income?  ____________________

5) How many people live in your household?  ______________

6) Are you enrolled in a co-op or internship?  □ yes □ no

   (The information above is required by ODHE for reporting purposes to help ensure future support for such programs.)

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<tr>
<th>Application Deadline</th>
<th>Awarded By</th>
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<td>June 20, 2016</td>
<td>Fall Term</td>
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I hereby certify to the best of my knowledge, the information submitted is complete and accurate. I understand I must furnish all information requested for the application to be considered. Franklin University reserves the right to use information contained in this application for promotional and news release purposes.

Signature_________________________________________ Date____________________

Return this application to:
Financial Aid
Franklin University
201 S. Grant Ave
Columbus, OH 43215
Fax: 614.255.9478 Email: finaid@franklin.edu

Revised 5.11.16