

Choose Ohio First Scholarship Program (COFSP) Application

Instructions

Complete this application Submit a copy to Debbie Liberi at futurescience.uc@gmail.com

Save Your Application file name as **YourName_Choose_Ohio_First_**

Scholarship_Program _Application

Title the subject of your email as **YourName – Choose Ohio First Scholarship Program Application**

Include in this email an updated version of your resume. Save your file as **YourName–Resume-COFSP**

In addition, please include the following documents:

- 1. Obtain an official transcript from UC and any other college that you have attended since graduating from high school.
- 2. Obtain one letter of recommendation from a faculty member. The faculty member should comment on your skills as they relate to the undergraduate duties, your scholastic record, and your commitment and abilities as they relate to teaching.
- 3. Your application will then be reviewed and processed.

Due: Wednesday, September 11, 2013. Interviews will be conducted the week of September 16.

The application and resume should be emailed using the information provided above. Mail or bring the transcripts and letter of recommendation information to the address given below. All 4 documents must be received by September 11, 2013.

Debbie Liberi

District Coordinator CEEMS
College of Engineering and Applied Science (CEAS)
611B Old Chemistry
2855 Campus Way
PO Box 210076
Cincinnati, Ohio 45221

Any questions regarding the application process should be directed to Debbie Liberi 513-556-6419, 513-608-4741 or liberid@ucmail.uc.edu

Choose Ohio First Scholarship Fellow Application

Name	
M Number	
Email (UC)	
Email (Personal)	
Cell Phone	
Home Phone	
Street Address	
City	
State	
Zip	
What is your Class	s Schedule for the 2013 -14 Year? (Course code and name)

	2013 Fall Semes	ter		2014 Spring Sem	ester
Course #	Title	Class Times	Course #	Title	Class Times

Education

	City, State	Name	GPA
High School			
	Degree (i.e., B.S. Mechanical Engineering)	Institution	Overall GPA
Current Degree			
	Number of credits towards degree	Minor (if applicable)	Expected Graduation

(Please circle one and co	mplete the applicable information	n below.)
SAT Math	SAT Writing	
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End Date	Position	
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End Date	Position	
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Name Of			
Institution			
Start Date	End Date	Position	
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4.			
Name Of Institution			
Start Date	End Date	Position	
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ors Received and	Special Activities Pursu	ed	

Gender	Race	Ethnicity	
DOB mm/dd/yy	Home Zip Code	Are you classified as First Gen or Financial Need Student?	
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