

**COLLEGE OF SCIENCE  
OREGON STATE UNIVERSITY  
2008-09 SCHOLARSHIP APPLICATION**

Application must be turned in to your advisor by

**March 7, 2008**

Be sure to check with your department (e.g. Microbiology) as some may have earlier deadlines.

**STUDENTS:** This application requires a reference from your advisor. Please check with your advisor to see if an appointment is necessary before dropping off this application.

**ADVISORS:** Submit your reference form along with this application to the Dean's Office, Kidder 128, by **March 14**.

**CRITERIA/GENERAL GUIDELINES**

- Most scholarships require a cumulative OSU GPA and last-two-term GPA of 3.5 or better at the end of Winter term. (See list of available scholarships and guidelines at: <http://www.science.oregonstate.edu/node/108> )
- Completion of a minimum of 28 hours of course work at OSU by the end of Winter term when application is made.
- Have a declared major in the College of Science. Post-baccalaureate students and students who will be in the Pharm.D. program are not eligible.
- Be enrolled full-time (min. 12 credits) in the College of Science at OSU during the entire 2008-09 academic year. Dual-enrolled students with an OSU degree partner must be registered for six (6) credits each term at OSU. The scholarship is divided into three terms and will not be awarded for terms below full-time credit or if you are not enrolled at OSU.
- Scholarships start at about \$500; most are about \$1000.

NAME \_\_\_\_\_ OSU ID NUMBER \_\_\_\_\_  
Last First M.I.

MAJOR \_\_\_\_\_ OPTION \_\_\_\_\_

CAREER GOALS \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ ONID EMAIL \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ LOCATION \_\_\_\_\_

ACADEMIC INFORMATION Expected graduation date \_\_\_\_\_

Cumulative OSU GPA \_\_\_\_\_ Fall term 2007 GPA \_\_\_\_\_

Transfer credits \_\_\_\_\_ + OSU credits through Winter term 2008 \_\_\_\_\_ = \_\_\_\_\_ Total credits

Check all that apply to you:

Pre-Medicine  Pre-Dental  Have applied to Medical School  Marine Biology

Applying for the Heitmeyer Scholarship (see section IV for details)



## **II. HONORS, AWARDS, PRIOR SCHOLARSHIPS**

Limit your responses for Parts III and IV to 500 words or less. Use only size 10-12 font.

## **III. STUDENT'S STATEMENT**

We are interested in learning more about you and seeing how well you can express yourself. Indicate your goals, including what kind of career you desire and why you would be well-suited for it. This is also the space to include any other information about yourself that you think might be of interest to the committee allocating the scholarship funds.

**IV. Extra** requirement for students who want to be considered for the Powis L. & Winifred C. Heitmeyer Scholarship. Give examples and discuss how you have an outstanding "love of learning". The examples can extend beyond science. Try to provide documentation of your examples if possible. Limit to 500 words or less.

## Information Release and Signatures

By signing below, I understand that this scholarship application is a confidential education record to be used by the College of Science and cooperating organizations. This application may be released to outside sources wishing to fund OSU students.

Applicant's signature \_\_\_\_\_

Applicant's printed name \_\_\_\_\_ Date \_\_\_\_\_

### Optional

\_\_\_ Check here and sign below to give the College of Science permission to publish information about you if you are awarded a scholarship. This could include pictures and some personal information (such as name, hometown, course of study) for use on our website or in promotional materials.

Signature \_\_\_\_\_

# College of Science Scholarships Advisor Reference Form

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## THIS SECTION TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT \_\_\_\_\_

MAJOR(S) \_\_\_\_\_ CAREER GOAL(S) \_\_\_\_\_

REFERENCE REQUESTED FROM \_\_\_\_\_  
(Name) (Department)

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## THIS SECTION TO BE COMPLETED BY ADVISOR

*This reference is prepared with the understanding that the form is a confidential education record to be used by the College of Science and cooperating organizations. Please address these questions on this form or in a separate letter of recommendation. Include the ranking information in #5 below.*

1. How long and in what capacity have you known the student?
2. How well suited do you think this student is to his or her stated career and academic interests?
3. Please comment on this student's motivation and responsibility.
4. Additional Comments: Please provide any additional comments you feel will help in evaluating this student's application, including any extenuating circumstances or hardships of which you are aware.
5. Overall Recommendation: Please check the box that most nearly expresses your ranking of the applicant in comparison to other students you work with.

- Exceptional individual
- Above average individual
- Average individual
- Needs improvement, recommend with reservations
- Unacceptable

Signed \_\_\_\_\_ Printed Name \_\_\_\_\_

Campus Address \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

**Please return this recommendation along with  
the student's scholarship application to:  
College of Science, 128 Kidder Hall  
Deadline: March 14, 2008**