

Bitonte College of Health and Human Services

Health-O-Rama Scholarship

2020-2021 Academic Year

APPLICANTS MUST:

- Be a major in a health-related field: Health Professions, Human Ecology (Food & Nutrition, CPD Dietetic Tech and Hospitality Management -- Food & Beverage Specialty), Human Performance and Exercise Science (Exercise Science), Nursing, Physical Therapy, or Pre-Med. If the major is a restricted program, the applicant must be formally admitted into the program, for example, Nursing, Physical Therapy, Dental Hygiene, etc.
- 2. <u>Undergraduate:</u> be of sophomore rank or higher (at least 32 semester hours). Graduate: have 12 or more semester hours completed.
- 3. <u>Undergraduate:</u> have earned a **Grade Point Average of 3.2 or higher Graduate:** have earned a **Grade Point Average of 3.5 or higher**
- 4. Include college transcripts through Fall Semester as well as high school transcripts.
- 5. Include two letters of recommendation from non-relatives as follows:
 - a. One letter should be from a YSU faculty member or administrator.
 - b. The second letter must be from a non-YSU source (ideally in your chosen field)

Letters should reflect an evaluation of the applicant's qualities and character.

- 6. Have graduated from a high school in Mahoning, Trumbull, or Columbiana County in Ohio, or Mercer or Lawrence County in Pennsylvania.
- Provide an accurate and complete demonstration of financial need. Applicants must complete a FAFSA form in the Office of Financial Aid and Scholarships prior to February 14, 2020. Applicants must attach to the scholarship application a copy of their FAFSA Pre-Application Worksheet. For copies go to www.fafsa.ed.gov/worksheet.htm.

Completed application forms <u>must</u> be neatly typed and grammatically correct. Statements <u>must</u> be limited to the space provided-this applies to computer-generated forms also. All forms and supporting materials are due no later than **4:00 p.m. on Friday, February 14, 2020.**

<u>NOTE:</u> Applications will not be processed without complete information on each item listed above and all supporting documentation, including letters of recommendation and transcripts from all universities.

The scholarship recipient will be announced during the Spring Semester.

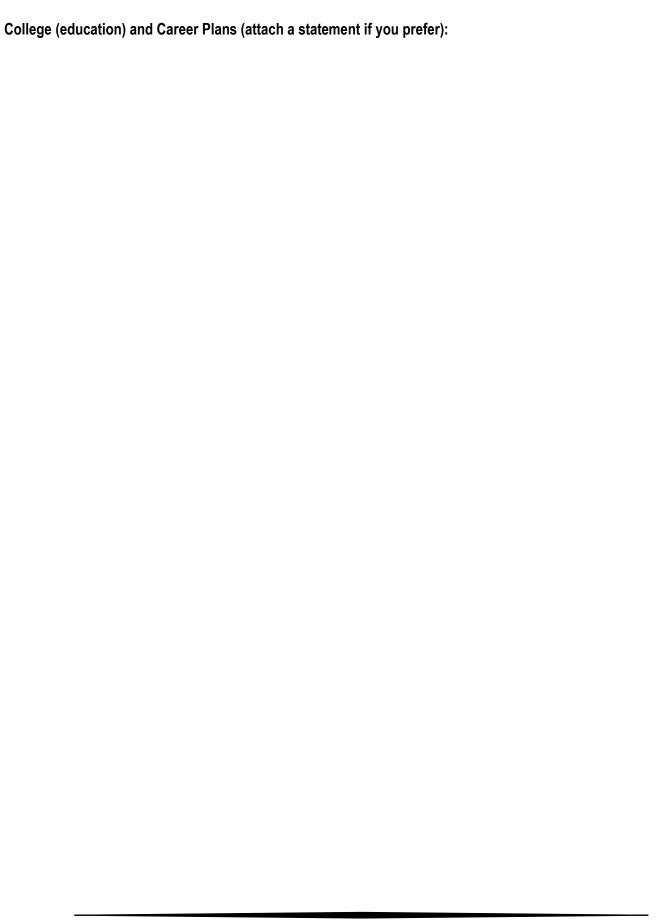
Application and required documentation must be returned to:

Steve F. Katros, Administrative Assistant to the Dean Attention: Health-O-Rama Scholarship Bitonte College of Health and Human Services Cushwa Hall 2104
Youngstown State University
One University Plaza
Youngstown, OH 44555

Health-O-Rama Scholarship

Applicant Name:	Patron ID or Banne	er No:			
Date:	Application Number	•			
Student Demographic Information:					
First Name:	Last Name:				
Address:					
City:	State:	Zip			
Home Phone:	ell Phone:	Email:			

Academic Information:							
College Enrolled:							
Bitonte College of HHS	Bitonte College of HHS						
Class Rank:							
Freshman	Sophomore		Junior	Senior			
College Major (Please Specify):							
Total semester hours in major at the end of Fall semester:							
Total semester hours completed as of Fall semester:							
Grade Point Average:							
Are you in good academic stan	ding?	Yes		No			
Have you applied for another s	cholarship?	Yes		No			
		If yes, ple	ease specify:				





Discuss your current financial status (e.g. annual income. Specifically state the family income if living at home are your own annual earnings) and your monetary need for this scholarship. Sign the "Statement of Release of Financial and Academic Information" to the Scholarship Committee.							

Statement for Release of Financial Academic Information:

Date:

I agree to release of financial and academic information to awarding sources for those items for which I am being considered:

Signature:

of Wor

Arrange to have your application sent by Friday, February 14, 2020 to: Steve F. Katros, Administrative Assistant to the Dean

Steve F. Katros, Administrative Assistant to the Dear Youngstown State University Bitonte College of Health and Human Services Cushwa Hall 2104 Youngstown, OH 44555

FOR OFFICE USE ONLY

College Enrolled:	Class Rank:
Program:	Major Hours:
Total Semester:	Hours Academic Standing:
Verified By:	Date: