

# Board of Trustees Scholarship - Nomination Form



OWENS  
COMMUNITY COLLEGE

## PURPOSE OF THIS FORM

Use this form to apply for the Owens Community College Board of Trustees Scholarship. The scholarship is \$1,000 per semester for up to four consecutive semesters (with summer enrollment optional). Students must be nominated for this scholarship to be considered. All scholarship awards are based upon available funding. To be considered for the scholarship, the following are required of the student:

- Be a high school senior attending a high school located in the Owens legal district, have a high school cumulative grade point average of 3.0 - 3.69, demonstrate student motivation, and enroll for the fall semester immediately following high school graduation. The Owens legal district includes schools in Lucas, Wood, Hancock counties, as well as Benton-Carroll-Salem, Genoa, and Woodmore school districts;
  - or
  - Be a high school graduate, who has not been in high school for at least one year, or a GED recipient (applicants may not have attended Owens for at least one year); reside in the Owens legal district (the Owens legal district includes Lucas, Wood, Hancock, and parts of Ottawa and Sandusky counties); demonstrate motivation through exceptional work or public/community service (including military service), academic performance, other demonstrated leadership, or other experience as related to a career path; and enroll for the fall semester immediately following the award of the scholarship;
- Apply for admission to the College as a regular student;
- Pursue a degree or certificate with the intent to complete at Owens Community College;
- Submit official high school or GED transcripts to the Owens Community College, Records Office, P.O. Box 10,000, Toledo OH 43699-1947;
- Maintain full-time enrollment at a minimum of twelve credit hours each semester;
- Maintain a 3.0 cumulative grade point average to continue eligibility for each semester at Owens, for a maximum of four total consecutive semesters (summer optional).

### NEW HIGH SCHOOL GRADUATES

Students who will be enrolling at Owens in the fall semester immediately after graduating from a high school in the Owens legal district, and who have a high school GPA of 3.7 or above do not need to complete this form. Students must submit high school transcripts on or after January 1 of their senior year to be considered.

## STEP ONE: APPLY FOR ADMISSION

The student applies for admission to Owens Community College as a regular student and declares a degree or certificate with the intent to complete at Owens. All application materials should be submitted as soon as possible as funds are limited.

## STEP TWO: TO BE COMPLETED BY THE STUDENT

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Owens College ID (OCID): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of nominator: \_\_\_\_\_

I, the student as named above, authorize the College to release relevant information to the nominator or their designees for the purpose of determining eligibility for the scholarship.

If awarded a scholarship, do you give permission to Owens Community College to issue a news release?  Yes  No

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INSTRUCTIONS:** After completing Step Two, the student should provide the form to the nominator to complete the back portion.

**STEP THREE: TO BE COMPLETED BY THE NOMINATOR**

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In the space below, or on an attached statement provided on letterhead, please describe the reason for nominating the student. The statement should describe how the individual is motivated, as demonstrated by exceptional work record, public/community service (including military service), academic performance, other demonstrated leadership, or other experience as related to a career path.

*I hereby certify that I am nominating the student for the Owens Community College Board of Trustees Scholarship and that the information submitted on this form is, to the best of my knowledge, true and correct.*

**Nominator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return the completed form to:**  
Office of Vice President of Student Services  
Owens Community College  
PO Box 10,000  
Toledo, OH 43699-1947  
trusteescholarship@owens.edu  
(567) 661-7253