



NORTHEASTERN OKLAHOMA FRESHMAN SCHOLARSHIP APPLICATION

The OU Club of Tulsa annually awards five scholarships to incoming freshman. Four of the awards total \$2,000.00 each (\$1,000.00 in cash and \$1,000.00 in tuition waiver). The top award, the Joe Lawnick Memorial Scholarship, is \$3,000.00 (\$2,000.00 in cash and \$1,000.00 in tuition waiver). Please note that tuition waiver and total award amount is subject to University funding.

In order to apply, you must:

- Live in Northeastern Oklahoma. (Okmulgee and Bartlesville students should apply to the local OU Club.)
- Meet the University of Oklahoma admissions requirements and be admitted

APPLICATIONS WILL BE EVALUATED ON THE FOLLOWING CRITERIA:

- Applicant demonstrates financial need
- Applicant has not been awarded a tuition waiver of \$1,500 or more.
- Applicant demonstrates academic achievement and leadership in school and extracurricular activities.

Instructions: Complete sections A and B of this form. Have your principal or counselor complete section C. Mail this form and six(6) copies of the same along with 6 copies of your high school transcript through the last semester completed to:

OU Club of Tulsa
 Attn: Scholarship Chair
 4502 E. 41st Street, Suite 3B20
 Tulsa, OK 74135

Applications must be postmarked by March 1. Incomplete applications will not be considered. **Do not attach additional sheets, other than transcript.**

Section A (please print or type)

| | | | |
|---|--------|-------------------------------|-----------------|
| NAME | | | |
| | (LAST) | (FIRST) | (MIDDLE) |
| ADDRESS | | | ZIPCODE |
| SOCIAL SECURITY NUMBER | | E-MAIL ADDRESS | |
| HOME PHONE NUMBER | | ALTERNATE PHONE NUMBER | |
| HIGH SCHOOL | | | |
| PROBABLE COLLEGE MAJOR | | | |
| SEMESTER YOU PLAN TO ENTER THE UNIVERSITY OF OKLAHOMA: FALL 20 | | | |
| FATHER'S NAME | | | |
| ADDRESS | | | ZIP CODE |
| MOTHER'S NAME | | | |
| ADDRESS | | | ZIP CODE |

HIGH SCHOOL ACTIVITIES

(e.g., art, athletics, band, chorus, debate, drama, newspaper, student government, yearbook, etc.)

| ACTIVITY | OFFICE HELD (if any) |
|----------|----------------------|
| | |
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| | |
| | |

Section C (to be completed by Principal or Counselor)

NATIONAL STANDARD TEST SCORE: ACT: _____ SAT: _____

STUDENT IS RANKED _____ IN A CLASS OF _____ STUDENTS

OVERALL HIGH SCHOOL GPA _____ (If other than 4.0 system is used, please indicate scale)

COMMENTS OR RECOMMENDATIONS OF PRINCIPAL OR COUNSELOR:

(Name of high school official completing this form)

(Title)

(Date)

(Signature of high school official)

(Phone number of school official)