



Scholarship Application

The Licking Memorial Health Systems Scholarship for 2018-2019

The Licking Memorial Health Systems Scholarship was established by the Board of Trustees of the Newark Campus Development Fund, with gifts from Licking Memorial Health Systems (LMHS). This scholarship is awarded to students from **Central Ohio Technical College** and/or **The Ohio State University at Newark**, with preference given to employees of LMHS or an immediate family member (spouse or child) continuing their education. In the event there are no eligible applicants from LMHS, the scholarship will be offered to a student(s) attending either institution pursuing a degree in a health related field. In the event of multiple qualified applicants, preference may be given to the applicant demonstrating the most financial need. Need is determined using the **2018-2019** Free Application for Federal Student Aid (FAFSA) which can be filed electronically at www.fafsa.gov. This is a onetime scholarship. Prior recipients are not eligible to re-apply.

To be considered, interested students must:

- Complete the Licking Memorial Health Systems Application by the **deadline of March 1, 2018**.
- Complete the **2018-2019 FAFSA** on-line at www.fafsa.gov by **March 1, 2018**.
- Plan to enroll in a **minimum of six credit hours** each term in a degree or certificate program at **COTC or Ohio State Newark** in **2018-2019**.
- Submit a **typed letter of reference** from an LMHS Director by **March 1, 2018**. If the applicant is a family member of an LMHS employee, the reference should come from the employee's Director.

Name: _____

School: _____

School Issued ID#: _____

Address: _____

City, State, Zip: _____

Phone #: _____

COTC or OSU Email Address: _____

CERTIFICATION: I certify that all statements made in this application are true, complete, and accurate to the best of my knowledge and belief, and are made in good faith. **By signing below, I authorize COTC and The Ohio State University at Newark to release a copy of this application to LMHS Staff for the scholarship awarding process. Not signing the release will disqualify your application.** Further, if awarded, I give permission to COTC or The Ohio State University at Newark to use my name as the winner of a scholarship in promotional materials.

Signature _____ Date _____

Scholarship application and all requested documents must be submitted by the **deadline of March 1, 2018 to:**

The Office of Financial Aid, Hopewell Hall, 1179 University Drive, Newark, Ohio 43055

Direct questions to: Faith Phillips at phillips.495@osu.edu