



The Ohio State University Academy Application

(Modified for Glenn Intern Program)

Personal Data Directions: Answer all questions. Print Clearly in capital letters or Type. Use Black or Blue Ink.

1. _____ / _____ / _____
Full name Last First Middle Social security number

2. Other names under which you registered in any educational institution including high school. Sex: Female Male

Full name Last First Middle

3. Please check the appropriate box: 1. Black, non-Hispanic 2. American Indian or Alaskan Native
(Used to meet federal guidelines) 3. Asian or Pacific Islander 4. White, non-Hispanic

4. Date of birth (month/day/year): ____ / ____ / ____

5. Country of citizenship: _____ If you are not a U.S. citizen, please check and complete one of the following:

Non-immigrant. Indicate visa type (e.g., F-1, J-1, etc.): _____
 Permanent resident Indicate alien number: A _____ Date status received: mo ____ day ____ yr ____
 Refugee Indicate file number: A _____ Date status received: mo ____ day ____ yr ____

Residency Information: Please complete all information. Failure to do so may result in an inaccurate residency classification.

6. _____
Permanent address: number and street Permanent phone (include area code)

City State/Country Zip code County if Ohio

7. _____
Present address: number and street (if different from permanent) Present phone

City State/Country Zip code Final date at present address: mo/day/yr

Dates you have lived in Ohio: Birth to present **OR** From (month/year) _____ To (month/year) _____ **OR** Never

8. Upon whom are you dependent for more than half of your financial support? All applicants must also complete questions 9 and 10

Parent Spouse Self—I am a financially independent student Legal Guardian (if not parent) Other

9. **Financially dependent students:** Name the person you indicated in question 8

Financially independent students: Please list a person to notify in case of emergency.

First name Middle initial Last name

Residence address number and street (required) P.O. Box optional City State Zip code Phone (include area code)

10. Dates the person listed in number 9 has lived in Ohio: (you must choose one)

Birth to present **OR** From (month/year _____ To month/year) _____ **OR** Never

Admission Request

11. Check the Ohio State University Academy program option for which you are applying:

- PSEOP-Option A (Student is responsible for paying costs; college credit only)
- PSEOP-Option B (local school district is responsible for paying costs; college credit + high school credit) (not available in the summer)
- Other (Please specify: for example, Summer Academy, Arnold Ross Mathematics Program, etc.) _____

12. Quarter you expect to begin (check one): Winter (Jan) Spring (Mar) Summer (June) Autumn (Sept) Calendar Year _____

13. Campus you wish to enter (check one): Columbus Lima Mansfield Marion
 Newark ATI-Wooster Math on Internet

14. Please list courses you are interested in taking: _____

Education Information

15. List high schools attended with the most recent first (attach an additional page if needed):

Name of high school	City	State/Country	Attended from		To		Expected Graduation date
			Mo	Yr	Mo	Yr	

16. Current high school class: Freshman Sophomore Junior Senior

17. List high schools attended with the most recent first (attach an additional page if needed):

College/University/School	City and state where attended	From		To		Major	Degree/Completed or anticipated		Name of degree
		Mo	Yr	Mo	Yr		Mo	Yr	

18. Are you presently under suspension or dismissal for academic or disciplinary reasons from any college/university education program?

Yes No

If yes, attach a statement of explanation. Do you now have less than a 2.00 © cumulative average on a 4.00 scale for all previous work?

Yes No

19. Have you ever applied to or attended Ohio State before? (If so, complete the blanks for any current and previous applications.)

Yes No Campus _____ College _____ Quarter _____ Year _____

20. To Student Applicant: Attach a typed essay of approximately 300 words describing why you wish to participate in the OSU seminar and the John Glenn internship experience. Be sure your name and social security number are on the essay.

Certification IMPORTANT! Read statement and sign below.

21. I affirm that the information which I have provided on this application form, and any additional material that I submit related to the admissions process is complete, accurate, and true to the best of my knowledge. I authorize each high school and each college or school I have attended to release academic and personal information, as related to this admission application, upon request by The Ohio State University. I agree to submit other materials which are required for this admission application. I agree that as a student I will be subject to *The Ohio State University Code of Student Conduct*. I understand that furnishing false or incomplete information on any part of this admission application or any related materials may result in cancellation of admission, registration, or both under Rule 3335-9-20 of the Administrative Code.

In addition, I have been apprised and understand all the options available to me under the post-secondary enrollment options program (as defined by House Bill 262). I have received counseling on the advantages and disadvantages of these options. In addition, I understand that all grades earned as a result of taking courses at The Ohio State University will become a part of an academic record that will be permanently maintained at the university.

X _____ | _____
Write, do not print, your legal signature Date

I fully understand all the options and ramifications involved in my son's/daughter's participation in the post-secondary enrollment options program. Furthermore, I understand that under PSEOP-option B, should my son/daughter officially withdraw or be withdrawn from a course at The Ohio State University I will be financially responsible for all costs (tuition, fees, books, etc.)

X _____ | _____
Parent or legal guardian's signature Date

X _____ | _____
Please print parent or legal guardian's name Date

This application form, along with the High School Information Form, your transcript, and your 300-word essay should be mailed to:

The John Glenn School of Public Affairs, High School Internship Program, 110 Page Hall, 1810 College Road, Columbus, Ohio 43210.



High School Information Form

Must be completed by high school principal or counselor

Applicant Information (please attach a copy of the applicant's high school transcript)

Last name First Middle

Social Security Number

1. The applicant's high school rank is: in a total class of
(Approximate if necessary.)

2. Weighted G.P.A.: on a scale

Unweighted G.P.A.: on a scale

3. Is applicant enrolled in the high school college preparatory curriculum? *(Check one.)*

Yes No

Identify below the applicant's progress in fulfilling the recommended number of college preparatory courses by the quarter the student plans to take courses at the university *(This list will need to be updated.):*

		Completed	In Progress	Still Needed
English	4			
Math	3			
Natural Science	2			
Social Studies	2			
Foreign Language Are any two units in the same language <input type="checkbox"/> Yes <input type="checkbox"/> No	2			
Visual/Performing Arts	1			

4. How many more units and in what academic areas does the applicant need to complete to meet high school graduation requirements? *(Attach additional pages if more space is required.)*

(Continue on reverse)

5. How will the courses the student wants to take at Ohio State count toward meeting high school graduation requirements?

6. **ACT Composite Score:** Not Available

Sub-scores: English Math Read Science/Reason

PLAN Composite Score: Not Available

Sub-scores: English Math Read Science/Reason

SAT: Verbal Math Not Available

PSAT: Verbal Math Writing Not Available

Selection Index:

Achievement scores, if available:

7. Please indicate the student's goal and motivation for participating in this program:

8. Please provide specific comments and recommendations regarding the applicant. Include any special factors that might contribute to the applicant's success: (Attach additional pages if more space is required).

9. I have fully advised this student and his/her parent(s) or legal guardian(s) of the available options and ramifications involved in the post-secondary options program.

Signature of principal or counselor:

Date:

Printed name of principal or counselor:

Name of School

School telephone number