

CHOOSE OHIO FIRST SCHOLARSHIP PROGRAM (COFSP) Nursing

Eligibility Require	ements:				
· Cleveland State	University studer	nt, enrolled Fa	II 2015 (anti	cipated)	
·□Student must be	e admitted into a p	ore-licensure N	lursing prog	ram at Cleveland State	
University					
· ☐ Ohio Resident					
·□Grade point ave	erage of 3.3 or hig	her			
· ☐ Commitment to	the Choose Ohio	First program	requiremen	ts	
· Students must b	oe enrolled in all r	equired nursin	g courses		
· Current FAFSA	on file with Finan	cial Aid (www.	fafsa.ed.gov	')	
·□Students on full	scholarships are	NOT eligible			
		-			
Name:	Last		Fir	 st	Middle
Address:					
			City	State	Zip
Telephone: (_)	home ()	cell	
CSU Email Addre	ss:			CSU I.D. Number:	
Signature:					
Date:					
Current Student S	Status:				
·∐Basic	Year graduating				
·_Accelerated	Year graduating				
Current Financial	Aid (please list a	III anticipated a	aid for Fall 2	015/Spring 2016):	
Application Requ	irements:				
·☐ Application					
· One page essa	v describing how	your past achi	ievements, r	present study plans, and	
	within the Choose			, , , , , , , , , , , , , , , , , , , ,	
· Unofficial copy	of your CSU trans	script			
· Submission of	all materials by A	pril 30, 2015 (no late subn	nissions will be accepted)	

Entire application packet should be submitted to csuschoolofnursing@csuohio.edu (subject line must read "Choose Ohio First Application")



To submit this form by electronic mail, save as a PDF document once filled, and E-mail the PDF as an attachment