



## Renewal Application

### The Choose Ohio 1<sup>st</sup> Program in Bioscience and Healthcare

**Due Date: August 14, 2015**

for the award period: Fall 2015-Spring 2016

**Please fill-in all fields**

*Name*

**1. Last:** \_\_\_\_\_ **2. Middle:** \_\_\_\_\_ **3. First:** \_\_\_\_\_

*Address*

**4. Street:** \_\_\_\_\_ **5. City:** \_\_\_\_\_ **6. State:** \_\_\_\_\_ **7. Zip:** \_\_\_\_\_

**8. CSU Student ID #:** \_\_\_\_\_ **9. E-mail:** \_\_\_\_\_

**10. Home Telephone No. ( )** \_\_\_\_\_ **11. Other No. ( )** \_\_\_\_\_  Work  Cell

**12. Signature:** \_\_\_\_\_ **13. Date:** \_\_\_\_\_

**14. Current Student Rank (As of Fall 2015):**

Junior  Senior  Post-Baccalaureate Student  Masters Student

**15. Current Student Status (As of Fall 2015):**

Full-time (12 or more credits for fall semester)  Part-time (less than 12 credits for fall semester)

**16. Anticipated Graduation Date:** \_\_\_\_\_

**Please list current major(s). Identify each program as undergraduate, post-baccalaureate, or graduate.**

**17. List major(s):** \_\_\_\_\_

**18. Current Financial Aid** (Please explain any current financial support/work you are receiving. Please specify amounts)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**19. Please list the work you have performed to date as part of the COF program in each of the following areas:**

**I. Research Experiences**

<b>Project title</b>	<b>Start date</b>	<b>End date</b>	<b>Research advisor</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**II. Entrepreneurship Experiences**

<b>Venue</b>	<b>Date</b>	<b>Advisor/lecturer</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**III. Internship/Co-op Experiences**

<b>Company</b>	<b>Project title</b>	<b>Start date</b>	<b>End Date</b>	<b>Contact Person</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Notes: Attach additional sheets if necessary. In some instances, an experience may have been waived due to a prior substantial experience. Waiver requires the COF faculty coordinator approval and signature.**

**Waiver: \_\_\_\_\_, Approval: \_\_\_\_\_ Date: \_\_\_\_\_**

**IV. In the space provided below, please describe how the Choose Ohio First program has been helpful to you in obtaining your academic and career goals.**

**V. In the coming year, what types of training activities would you like to see implemented as part of this program?**

**VI. Applicants wishing to renew their scholarship award for the Choose Ohio First Scholarship Program in Bioscience and Healthcare must meet the following eligibility requirements:**

- Applicants must be a Cleveland State University Student, enrolled Fall 2015 and Spring 2016 (anticipated)
- Applicants must be an Ohio Resident
- Juniors or Senior Undergraduate Students, Master Students or Post Baccalaureate Students are eligible to apply
- Applicants must be majors in the College of Science or College of Engineering (or Post-Baccalaureate or Graduate Programs in these colleges)
- A Grade Point Average of 3.0 or Higher is required
- Applicants commit to the Choose Ohio First Program Requirements
- Students on full scholarships are *not* eligible

Your signature is affirmation that you meet the eligibility requirements listed above for the COF program in Bioscience and Healthcare.

*Please sign and date below:*

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*date*

**Due Date: August 14, 2015**

**Completed renewal applications are due by August 14, 2015. Please send your completed renewal application to:**

**Dr. Nolan Holland**

**Fenn Hall 462**

**Cleveland State University**

**Cleveland, OH 44115**

**or email to: [n.holland1@csuohio.edu](mailto:n.holland1@csuohio.edu)**

**(Please put "COF Renewal Application" in the subject line.)**

**You may also place your renewal application in Dr. Holland's mailbox in the main chemistry office, FH 462.**