



Renewal Application

The Choose Ohio 1st Program in Bioscience and Healthcare

Due Date: April 30, 2014

for the award period: Fall 2014-Spring 2015

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 2013):

Junior Senior Post-Baccalaureate Student Masters Student

15. Current Student Status (As of Fall 2013):

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

Project title	Start date	End date	Research advisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. Entrepreneurship Experiences

Venue	Date	Advisor/lecturer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Internship/Co-op Experiences

Company	Project title	Start date	End Date	Contact Person
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 2013 and Spring 2014 (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: April 30, 2014

Completed renewal applications are due by April 30, 2014. Please send your completed renewal application to:

Dr. John Turner

Department of Chemistry, SR 369

Cleveland State University

Cleveland, OH 44115

or email to: j.f.turner@csuohio.edu (Please put "COF Renewal Application" in the subject line.)

You may also place your renewal application in Dr. Turner's mailbox in the main chemistry office, SR397.