

Application deadline June 1st Choose Ohio First Scholarship Application Form

Name			
Address Street Number	City	State	 Zip
Phone ()	·		•
Freshman Transfer	_MC Returning Student	(Check one)	
Year of High School Graduation _			
High School CUM GPA	College CUM GPA (if	applicable)	
High School Alma Mater			
College Alma Mater (if applicable	e)		
Intended Major at Marietta Colle	ge		
Please attach your two page aspirations including how th success in working towards	e Choose Ohio First s	•	•
Please check as appropriate: ☐ I am a resident of the state of © ☐ I have included the essay requi ☐ I understand participation in the 3.0 cumulative GPA	irement.		·
☐ If selected for the Choose Ohio participation in "All Scholars Day"	•	erstand that there is a	a required
Signature		Dat	

*Return completed form, along with the essay requirement by mail, email, or fax to the Marietta College Office of Student Financial Services - 215 Fifth Street, Marietta, OH 45750 Email: finaid@marietta.edu Fax: 740.376.4990 Call: 740.376.4712