

## Charles L. Warren Memorial Heritage Scholarship 2016



The Ohio Association for  
College Admission Counseling

Educate • Advocate • Connect • Prepare  
[www.oacac.org](http://www.oacac.org)

“Chuck” as he was known to his many colleagues and friends counseled and advised numerous students during his years of service in the guidance profession before his untimely passing from cancer in July 1999. Chuck received his B.S. in Secondary Education and an M.A. degree in Guidance and Counseling from Miami University and worked in the Office of Financial aid. He also served in the US Air Force as a Russian Linguist. Chuck’s passion was working with high school students and advising them on their future opportunities. He believed that any student could achieve their dream if they worked hard and put forth the effort. This belief and passion was shared with students as a Wrestling Coach and Guidance Counselor at Middletown High School and as a Guidance Counselor at Colerain High School in Cincinnati. He was very active in OACAC and beloved by his colleagues and we honor him with this scholarship.

---

### Scholarship Information

---

The Charles L. Warren Memorial Heritage Scholarship is awarded by the Ohio Association for College Admission Counseling each year to outstanding high school seniors. **The scholarship is a one-time \$1,000 award.**

### CRITERIA FOR ELIGIBILITY:

This scholarship is awarded to students who meet the following criteria:

- ⇒ Demonstrate and show a continued commitment to cultural and intellectual diversity
- ⇒ Attend an OACAC member high school. *Just one HS counselor needs to be a member to qualify, please check with your counselor to verify that your high school is an OACAC member.*
- ⇒ Have an accumulated grade point average of 3.00 or better on a 4.00 scale in a college preparatory curriculum
- ⇒ Required to attend an Ohio college or university
- ⇒ Submit the Charles L. Warren Memorial Heritage Scholarship application, **an official high school transcript**, a counselor recommendation and a personal statement by the published deadline

*All of these criteria are required, along with other factors as determined by the Inclusion, Access, and Success Committee of OACAC. Students from underrepresented populations are encouraged to apply.*

### APPLICATION DEADLINE IS FEBRUARY 12, 2016

Please return completed application forms to:

Nancy Gibson  
OACAC Inclusion, Access and Success Committee Chair  
Denison University  
Office of Admissions  
100 Chapel Drive  
Granville, OH 43023



Ohio Association for College Admission Counseling  
Charles L. Warren Memorial Heritage Scholarship

---

**Personal Statement**

---

**Please submit a typewritten response to each of the following questions.**

1. Please describe the environment that you come from – for example, your family, community, or school – and how this environment has influenced what you value most about your heritage. (250 word limit)
2. How have you currently contributed to the intellectual and cultural diversity in your high school or community, and how do you plan to continue your commitment at your college or university of choice? (250 word limit)
3. How will this scholarship make a difference to you? (100 word limit)
4. Please list any colleges and or universities to which you are applying or plan to apply (**Please keep in mind that you must attend an Ohio College or University to be considered for this scholarship**).



**Ohio Association for College Admission Counseling  
Charles L. Warren Memorial Heritage Scholarship**

Please type or print clearly in blue or black ink. The application deadline is **February 12, 2016**.

**Personal Data:**

Last Name	First Name	Middle Initial	Gender
Permanent Address	City	State	Zip
		Birth date (mm/dd/yyyy)	
(Area Code) Home Phone		(Area Code) Cell Phone	

**Demographic Data: (Please check all that apply)**

- Are you Hispanic/Latino (including Spain) ☐ Yes ☐ No
- ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander ☐ White

**1. Parent/Guardian Data:**

Parent/Guardian Name	Parent/Guardian Name
Address	Address
Occupation <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed	Occupation <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed
Highest Level of Education	Highest Level of Education

**2. Parent/Guardian Data:**



**Ohio Association for College Admission Counseling  
Charles L. Warren Memorial Heritage Scholarship**

**Academic Data:**

Name of Current High School	Location of High School
High School Guidance Counselor	High School Telephone Number (xxx-xxx-xxxx)
Interested College Major(s)	Intended Date of High School Graduation (mm/yyyy)

**High School Activities and Awards**  
*(Please attach a resume or an additional page if needed)*

**Activities in high school (music, clubs, sports, etc.):**

Name of Activity	Years Participated 9 10 11 12	Related offices or positions held	Number of years in position
1. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____
6. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____
7. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____
8. _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	_____

**Activities out of school (community service, scouting, church etc.):**

Name of Activity	Years Participated				Related offices or positions held	Number of years in position
	9	10	11	12		
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Other evidence of special talents, honors, awards:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Work Experience:**

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Approximate hours per week \_\_\_\_\_ Length of employment: From \_\_\_\_\_ To \_\_\_\_\_

**CERTIFICATION**

**Please read statement and sign below**

I affirm that the information that I have provided on this application form and any additional material that I submit is complete, accurate and true to the best of my knowledge. I authorize each high school that I have attended to release academic and personal information, as related to this scholarship application.

I acknowledge that I must attend an Ohio college or university.

X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Ohio Association for College Admission Counseling  
Charles L. Warren Memorial Heritage Scholarship

---

**High School Counselor Recommendation**

---

Student's Name: \_\_\_\_\_

High School: \_\_\_\_\_

Class Rank: \_\_\_\_\_ GPA (on 4.0 scale): \_\_\_\_\_

**Please list or attach the student's senior year courses**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Counselor Name (please print): \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide an official high school transcript and a recommendation describing why this student is a deserving candidate for this scholarship. Feel free to use your school's letterhead and attach them to the application. **Please make sure to verify your OACAC membership at [www.oacac.org](http://www.oacac.org) to ensure that you or a member of your staff has current membership in OACAC, or your student will not be considered for the Warren scholarship.**