Scholarships at SUNY Oneonta are managed through the College at Oneonta Foundation and made possible through gifts and grants from alumni, faculty and staff and friends who share a commitment to SUNY Oneonta and its students. The OAS International Scholarship is made possible by generous gifts from Oneonta Auxiliary Services.

Deadline for Completed Application: Monday March 30, 2015 at 4:00pm

Submit completed application to: Office of International Education, 103 Alumni Hall, Oneonta, New York 13820
Attention: OAS International Student Scholarship Committee

Award: Minimum scholarship award: $1,000 for Academic Year Fall 2015/Spring 2016 ($500 each semester). Maximum scholarship award is $8,000 for Academic Year Fall 2015/Spring 2016 ($4,000 each semester)

Eligibility:
- Must be a degree seeking international student on any valid, non-immigrant visa only (F1, H4, O2, G4, etc.) Exchange students are not eligible. Green card holders or those in approved status for a green card are not eligible.
- New Students (Freshmen & Transfers): Must have completed one full-time semester at SUNY College at Oneonta by May 2015 with an overall GPA of 3.0 with all coursework at a 100 or higher course level. The committee will obtain student transcripts from previous semester grade postings.
- Returning Students: Must have a cumulative GPA of 3.0 or higher through the most recent semester and a semester GPA of 2.5 from the previous semester with all coursework at a 100 or higher course level. The committee will obtain student transcripts from the previous and most current semester grade postings.
- Must have maintained, earned a minimum 12 credit hours (full-time status) for the entire semester(s) at SUNY College at Oneonta.
- Must be full time status for 2015-2016 academic year (fall 2015 and spring 2016 both semesters)
- Must meet all specified criteria and submit the application by the due date

Criteria:
The Scholarship Committee shall consider the following qualities of the applicant as evidenced by submitted application materials:
- Academic excellence, articulated goals and objectives within academic program and career plans
- Global connectedness: unique contributions to campus diversity and inclusion
- On-campus activities in clubs or organizations, positions held; Contribution to campus and/or community
- Demonstrated leadership or strong leadership potential within program major
- Professionalism, courtesy and respect in interpersonal relations with peers, faculty, staff, community
- Unique or extraordinary circumstances surrounding the pursuit of program; degree of difficulty in attainment
- Work ethic, maturity, dependability, initiative, unique skillset
- Strong faculty recommendations, minimum or 2 recommendations required (use enclosed form only)

Disqualifiers:
- Applicant must not have a financial hold on their student account at the time of application or disbursement of the award
- Providing false or exaggerated information on the scholarship application; plagiarizing or not completing application independently
- Withdrawing, or taking a leave of absence from any semester within the awarded academic term for any reason, or falling below a minimum of 12 credit hours per semester

Any of the above will result in revocation or reimbursement by the student of the disbursed scholarship award to SUNY College at Oneonta.

Complete Applications Accepted Only:
- All application materials must be submitted by the deadline; no late submissions and no substitutions of application forms allowed.
- No emails accepted from applicants or faculty

Review of Applications: April, 2015
Notification of Awards: Week of April 20, 2015
Disbursements: August 1, 2015

Applicants: Keep this page for your records
OAS International Student Scholarship Application
Fall 2015 and Spring 2016

Use Black or Blue Pen Only – No Pencil. Print Clearly.

Applicant’s Name: ___________________________ A Number: ______________ Email: ___________________________

Local Address: _______________________________ (City/State/Zip) Tel: __________________________

Major(s): ___________________________ Minor(s): ___________________________ Visa Type & Exp. Date: ___________________________

Current Status: ____Freshmen ____Sophomore ____Junior ____Senior Anticipated Graduation Date: ___________________________

If you are a senior how many remaining credits do you require in order to graduate? Remaining Credits: ___________________________

* Withdrawing, or taking a leave of absence or being below a minimum of 12 credit hours per semester will disqualify you for this scholarship.

Fall 2014 Cumulative GPA: __________ Fall 2014 Semester GPA: _________ Spring 2015 Credit Hours: __________

List any other scholarships for which you are applying: __________________________________________________________

List any scholarships you currently receive: __________________________________________________________

List clubs/organizations, or volunteering on or off campus for which you are actively involved: _________________

List any previous jobs on-campus you have held or currently hold: __________________________________________________

Hours per week worked: _______ Supervisor who can provide a reference: ______________________________

List Honor Societies and/or Awards you have received on or off campus: ______________________________

Rate yourself on the following:

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I have read, understood, and agree to the application terms and conditions. I verify that all information submitted in this application is true, correct, and honestly presented. I also authorize the Scholarship Committee to obtain and review my final grade transcript at the close of the current semester and to check my student account to ensure there is no financial debt to the College.

______________________  ______________________  _____________
Print Name     Signature       Date
QUESTIONNAIRE:

Please write an essay that includes the following points. All responses must be submitted using a word processor, single spaced, font size 10 and no more than one page, printed and included with this application.

1. Describe your current involvement on campus and/or the local community and how your involvement benefits the college, community.

2. Discuss one or two of your personal accomplishments for which you are most proud. Describe how these accomplishments have affected you in a positive way to be a better leader.

3. Have you faced any exceptional hardships or challenges toward obtaining your degree?

4. Discuss ways in which this scholarship will help further your educational and career goals.
FACULTY RECOMMENDATION FORM #1
for International Student Scholarship Applicant

TO BE COMPLETED BY THE STUDENT APPLICANT:

Name of Applicant: ________________________________________________________________

First                     Last

Address: ___________________________  City: ______  State: ______  Zip Code: ______

A Number: ____________  Telephone: ___________________________  Email: ________________

I wish to waive / do not waive (circle one) my right to review the recommendation by my selected faculty member.

__________________________
Applicant Signature

INSTRUCTIONS FOR FACULTY:

The student above has applied for the OAS International Student Scholarship for the Fall 2015 and Spring 2016 semesters.

Please complete the bottom half of this form, place it in an enclosed envelope, seal it, and hand it to the student who will enclose it with his/her application for the scholarship. FORM IS DUE TO THE OIE Monday March 30, at 4:00PM.

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Additional Comments: _________________________________________________________________

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__________________________
Faculty Signature

__________________________
Title

__________________________
Date

__________________________
Faculty Print Name

__________________________
( ) Telephone Number
FACULTY RECOMMENDATION FORM #2
for International Student Scholarship Applicant

TO BE COMPLETED BY THE STUDENT APPLICANT:

Name of Applicant: ____________________________________________________________
First                                                      Last
Address ___________________________________________ City ______ State ______ Zip Code __________
A Number ______________________________________ Telephone __________________________ Email _______________________

I wish to waive / do not waive (circle one) my right to review the recommendation by my selected faculty member.

______________________________________________________
Applicant Signature

INSTRUCTIONS FOR FACULTY:

The student above has applied for the OAS International Student Scholarship for the Fall 2015 and Spring 2016 semesters.

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Faculty Signature                        Title                                Date

______________________________________________________
Faculty Print Name                        (______) Telephone Number