

The Ohio Legislative Black Caucus

The Ohio Legislative Black Caucus' (OLBC) mission is to improve the quality of life of African-American residents in Ohio by sponsoring activities designed to eliminate discrimination and prejudice.

The OLBC is proud to offer an academic scholarship to minority students enrolled in STEM (Science, Technology, Engineering, Math) or Healthcare fields at an accredited Ohio College of University.

Program Highlights

The OLBC STEM/Healthcare Student Scholarship Program:

- Four \$1,500 scholarships will be awarded each year beginning Fall of 2011
- Awardees can re-apply annually if they continue to fulfill program requirements
- A selection committee will award the scholarship. The committee will consist of 5 members, 1 from the OLBC Foundation, 1 from the OLBC Corporate Roundtable, 1 from the Labor Roundtable, 2 members from the OLBC including the OLBC President and one member from the opposite chamber
- The program will be marketed to accredited Ohio Colleges and Universities that have STEM/Healthcare programs.

Program Requirements

To be eligible for this scholarship program, applicants must:

1. Be an African-American student enrolled in an accredited Ohio College of University STEM or Healthcare program
2. Attain a minimum 2nd year status in a STEM or Healthcare program at an accredited Ohio College or University
3. Maintain at least a 2.8 GPA at time of selection and during holding of the scholarship
4. Maintain reasonable standards of conduct, as defined by the OLBC Selection Committee, expected of scholarship students
5. Students are required to commit to a 4 week internship as defined by the OLBC Selection Committee

Contact

Interested students are asked to contact the Ohio Legislative Black Caucus at:

Mr. Branden Smith, Executive Director
P.O. Box 16251
Columbus, Ohio 43216
614-233-3028
<http://www.olbc1967.org>

A printable application can be downloaded at
www.olbc1967.org

Ohio Legislative Black Caucus Scholarship Application

Please complete all sections of the application. **The deadline for submission is October 1, 2011.**

SECTION 1 – PERSONAL INFORMATION

Name (Last, First, MI)	Name of Parent(s) or Guardian(s)
College of Attendance:	
Address (City, State, Zip)	Parents/Guardians Address (City, State, Zip)
Cell Phone:	Parents/Guardians Cell Phone:
Home Phone:	Parents/Guardians Home Phone:
Email Address:	Parents/Guardians Email Address:

SECTION 2 – ACADEMIC INFORMATION

Name of High School: _____

GPA: _____

College/University: _____

Anticipated major(s): _____

GPA: _____

SECTION 3 –ACTIVITIES AND INTERESTS

A. List and briefly describe your high school and college extracurricular activities (e.g. memberships in organizations, sports, etc.):

Organization Involved	Position Held	Date of Involvement

Brief description of your responsibilities:

B. List and briefly describe volunteer activities in which you have been involved:

Organization	Activity	Date of Involvement

Brief description of how you participated:

C. List honors or academic awards you have received (e.g. scholarly activities, research, etc.):

Award/Honor	Institution/Organization	Date

3. Please explain what you feel are the biggest advantages and disadvantages of the STEM/Healthcare fields?

4. Is there any other information that we should know about you? This is your opportunity to include information that is not contained in other areas of the application. Please be specific.

Application Checklist

- _____ Completed Scholarship Form
- _____ Essay
- _____ Official College Transcripts
- _____ Three attached letters of recommendation from, but not limited to, former teachers, college administrators, community leaders or other similar persons concerning the academic ability, character, reputation or professional aptitude of the applicant.

I understand and agree that the information provided in this application and any other information provided in connection with this application will be used by the selection committee to determine my eligibility for the scholarship program.

The selection committee does not otherwise intend to share the resume or application information with third parties for any other purposes.

APPLICANT SIGNATURE AND CERTIFICATION

I certify that the statements and information provided in this application are true and accurate to the best of my knowledge.

Print Applicant's Name

Applicant Signature

Date