ROSEMARY AMOS SCHOLARSHIP APPLICATION  
College of Education, Health and Human Services  

Deadline for submitting an application is November 1 for Spring awards and February 14 for Fall awards.

Semester to which this application applies (check one):  ______Spring ______Fall

PURPOSE OF THE SCHOLARSHIP
Rosemary Rita Amos, Ed.D., M.P.H was a faculty member in the Department of Allied Health Sciences (now Health Education and Promotion) from 1970 to 1978 at Kent State University. She was the department's first chairperson, holding the position from 1970 to 1974. She was not only a fine teacher, but her generosity was known to a number of students. The Rosemary Amos Scholarship was established by Mrs. Mary Amos, Rosemary’s mother to both perpetuate her memory but also the principle of aiding students with financial need.

CRITERIA FOR ELIGIBILITY
1. Must be enrolled as a Community Health Education, Health & Physical Education or School Health Education major in the College of Education, Health and Human Services; preference for award recipient to be an undergraduate student
2. Must demonstrate financial need; your most recent FAFSA will be used to determine need
3. Must be in good academic standing

APPLICATION AND REVIEW PROCESS
1. Complete this application
2. Prepare typed responses the following questions:
   a. List your volunteer service/experiences (please include dates).
   b. What are your career goals?
   c. Explain why you feel you should be awarded a scholarship.
3. Submit the completed application and typed essay response by Nov 1st or Feb 14th.
4. All submitted applications will be reviewed for match with the intended purpose of the scholarship.

Name_______________________________________ Kent State ID____________________

Phone______________________________________ KSU Email __________________________@kent.edu

Permanent Address
No. & Street __________________________ City ___________ State ___________ Zip ___________

Indicate your current class standing:  FR ___ SO ___ JR ___ SR ___ Master’s ___ EdS ___ PhD ___

Official Declared Major: __________________________________________

Current Cumulative GPA _______ Total Credit Hours at end of Current Semester _______

Please indicate the percentage of funding for college expenses (tuition, books, room, board, miscellaneous expenses). The total should equal 100%.

Parents ______ Loans ______ Federal Grants _______ Self ______ Scholarships ______

Are you currently employed? Yes ____ No ____ If yes, approximately how many hours do you work per week? ______

Return application and essay by the due dates above to:
School of Health Sciences
  c/o Mary Steckel
  100 Nixson Hall