

**OMNOVA SOLUTIONS FOUNDATION SCHOLARSHIP**

**1701 Cornell Road**

**Green Bay, WI 54313**

To encourage young men and women to pursue a career in the science field, OMNOVA Solutions., a chemical based industry, offers a four year renewable scholarship of $1,500 to one high school senior attending a high school in the greater Green Bay area and graduating in the 2013/2014 school term.

The recipient will be selected on the basis of:

* Academic Excellence as evidenced by a 7-semester cumulative grade point average of 3.30 or better (a signed transcript must accompany this application).
* The applicant must pursue a major in a science related field, such as chemistry, chemical engineering, or environmental science. **Medical fields and computer science are not included.**
* Two letters of recommendation: one from a science/chemistry teacher and one from a teacher or member of the community (non-relative) who knows the applicant.
* Evidence of school and/or community service.
* Financial need.

Selection will be made without discrimination due to race, color, age, religion, sex, disability or national origin.

Award of the scholarship funds will be at the sole discretion of the OMNOVA Scholarship Committee.

**Application Deadline is April 18, 2014.** Send application to:

 OMNOVA Solutions Foundation Scholarship Committee

 1701 Cornell Road

 Green Bay, WI 54313

CONDITION OF THE AWARD

The recipient will receive the $1,500 scholarship through the appropriate office (Financial Aid or Bursar’s) of the college or university in which the individual is enrolled.

During the first semester of college, the student will receive the award. Each year thereafter, the $1,500 will be received through the (Financial Aid or Bursar’s) office upon successful completion of the previous year and a minimum overall GPA of 2.75 as evidenced by submission of official transcript or grade report. Failure to achieve an overall GPA of 2.75 during the previous year may result in non-payment of the remaining years of the scholarship at the discretion of the OMNOVA Solutions Scholarship Committee.



**APPLICATION MUST BE submitted using this forms field Word document. Click on the       box and complete the information being requested.**

OMNOVA SOLUTIONS FOUNDATION SCHOLARSHIP APPLICATION

PERSONAL INFORMATION:

Name:

Street:

City:       State:       Zip:

Phone:       Date of Birth:

Social Security Number: To be provided to OMNOVA Solutions if you are awarded the scholarship.

FAMILY INFORMATION:

Check all that apply:

1. [ ]  Applicant resides with both parents.

1. [ ]  Applicant resides with one parent.

1. [ ]  Applicant has dependent(s). If yes, number of dependents

Number of siblings attending college or technical school next year:

FINANCIAL INFORMATION:

Estimated tuition, room/board, fees, books for 2014/2015 school year:

Estimated parental contribution toward the above expenses (%):

Estimated contribution toward above expenses by other relatives (%):

Please specify other grants or scholarships for which you have applied:

Please specify other grants or scholarships you have been or know you will be awarded:

Percentage of expenses for 2014/2015 year to be paid for by applicant:

Additional information regarding financial need:

ACADEMIC INFORMATION **(To be completed by Guidance Office)**.

NAME:

Current rank in the class:       Total number in the class:

Cumulative GPA through most recent semester/quarter:

 ACT Math       Science       Composite

 SAT Verbal       Math

ADDITIONAL COMMENTS OR CLARIFYING INFORMATION:

Guidance Office Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe what your career in a science field would mean to you and how you would utilize this career to the benefit of society.

Please list the extra curricular activities and any community service (9th through 12th grade and the years that you participated).

EDUCATIONAL AND PERSONAL GOALS

Areas of personal interest:

Areas of educational interest:

Name of colleges/universities from which you have received acceptance:

What school are you planning to attend:

Please comment on the educational and personal goals you expect to achieve:

Comment on where/what you will be accomplishing ten years from now:

Please list any special circumstances you would like the selection committee to consider (Optional):

REFERENCES:

Please submit two references on the attached forms or by separate letter. One should be from a science/chemistry teacher and the other from an adult who has knowledge of your abilities and accomplishments. (References from relatives are not acceptable.)

I certify that all the above information is true and factual to the best of my knowledge and I further authorize the release of any information pertinent to my application to the OMNOVA Solutions Scholarship Committee.

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Applicant’s Signature Guardian’s Signature

Attachment

**RECOMMENTATION #1** FOR THE OMNOVA SOLUTIONS FOUNDATION SCHOLARSHIP:

(This form is to be completed by the applicant and given to the person completing the recommendation.)

TO:

Please include the following points in your recommendation:

* Relationship to the applicant.
* Length of acquaintance.
* Evaluation of the applicant’s abilities, attributes and characteristics.
* List and describe any or all contributions the applicant has made to his/her school, community, or family.
* Sign and date your recommendation.
* Attach this form to your recommendation and return to OMNOVA **no later than April 18, 2014.**

AUTHORIZATION:

Recommendation for:       (Applicant’s name)

I respectfully authorize and request the completion and submission of the recommendation forms **no later than April 18, 2014.**

 OMNOVA Solutions Foundation Scholarship Committee

 OMNOVA Solutions Inc.

 1701 Cornell Road

 Green Bay, WI 54313

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Signature of Applicant Date

**RECOMMENTATION #2** FOR THE OMNOVA SOLUTIONS FOUNDATION SCHOLARSHIP:

(This form is to be completed by the applicant and given to the person completing the recommendation.)

TO:

Please include the following points in your recommendation:

* Relationship to the applicant.
* Length of acquaintance.
* Evaluation of the applicant’s abilities, attributes and characteristics.
* List and describe any or all contributions the applicant has made to his/her school, community, or family.
* Sign and date your recommendation.
* Attach this form to your recommendation and return to OMNOVA **no later than April 18, 2014.**

AUTHORIZATION:

Recommendation for:       (Applicant’s name)

I respectfully authorize and request the completion and submission of the recommendation forms **no later than April 18, 2014.**

 OMNOVA Solutions Foundation Scholarship Committee

 OMNOVA Solutions Inc.

 1701 Cornell Road

 Green Bay, WI 54313

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Signature of Applicant Date