2018-2019 Osher Reentry Scholarship Application

**Application Deadline:** Complete applications must be received by June 1, 2018.

**Minimum Scholarship Eligibility Requirements:**

1. Undergraduate students, aged 25 or older, pursuing a first bachelor's degree.
2. Experienced a 5 year break in enrollment or breaks totaling at least 5 years.
3. Intend to participate in the workforce for at least 8 years beyond degree completion.
4. Enrolled or planning to enroll part-time (6-11 units) or full-time (12 or more units) per semester at TU during the 2018-2019 academic year.
5. Students must demonstrate academic promise.
6. Financial need according to FAFSA. Must complete a 2018-19 Free Application for Federal Student Aid (FAFSA) online at the U. S. Department of Education’s secure Web site, [https://www.fafsa.ed.gov/](https://www.fafsa.ed.gov/). List Towson University (code 002099) on the FAFSA.
7. Preference will be given to eligible candidates who are newly admitted to TU for fall 2018. Returning Osher Reentry scholars who continue to meet eligibility criteria may also receive preference.

**Restrictions:**

- Selected recipients will be required to write an acknowledgement letter to the Bernard Osher Foundation describing how this award will impact their educational and career goals. The Development Office will contact you to complete this task. Submission of this application indicates your consent to adhere to this requirement. Failure to honor this requirement may result in forfeiture of the award.

- The purpose of this award is to defray the cost of tuition for eligible students. Students receiving tuition waivers, employer reimbursement for tuition or other tuition-specific assistance are not eligible. Please note that you cannot receive two tuition-specific scholarship awards, which when combined, equal an amount greater than tuition. Hence, if you are awarded another tuition-specific scholarship award (i.e. Charlotte W. Newcombe Award) you may be ineligible for the Osher Reentry Scholarship award.

- This award is not intended for students who are exclusively enrolled in online courses or for international students who are visiting the United States with the intention of returning to their country of origin after graduation. Students taking on-line courses as part of a traditional degree program are eligible, as are international students who intend to remain in the workforce in the United States for at least 8 years.

**MEETING ALL ELIGIBILITY CRITERIA DOES NOT GUARANTEE SELECTION AS LIMITED FUNDS ARE AVAILABLE.**

**APPLICATION DEADLINE: JUNE 1, 2018**

**EMAILED APPLICATIONS WILL NOT BE ACCEPTED. YOU MUST PRINT AND SIGN THE APPLICATION.**

Return this application using one of the following methods:

<table>
<thead>
<tr>
<th>MAIL</th>
<th>FAX</th>
<th>IN-PERSON</th>
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<tbody>
<tr>
<td>Towson University</td>
<td></td>
<td>Enrollment Services Center</td>
</tr>
<tr>
<td>Financial Aid Office, Scholarship Unit</td>
<td>410-704-4634</td>
<td>Scholarship Unit</td>
</tr>
<tr>
<td>8000 York Road</td>
<td></td>
<td>Room 305</td>
</tr>
<tr>
<td>Towson, MD 21252-0001</td>
<td></td>
<td>410-704-2647</td>
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</table>
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Name: ___________________________ TU ID: ___________________________

Last Name    First Name    Middle Initial

For application questions, please contact the TU Scholarship Unit at scholarship@towson.edu or 410-704-2647.

Before proceeding, please complete the checklist below. If you respond yes to any question, you are not eligible to be considered for the Osher Scholarship. If you answered No to all questions below, please complete the application.

☐ No  ☐ Yes    I already have a bachelor’s degree.

☐ No  ☐ Yes    I am enrolled in the Bachelor of Technical and Professional Studies in Allied Health program.

☐ No  ☐ Yes    I will be enrolled in online courses only for the Fall 2018 and/or Spring 2019 semester.

☐ No  ☐ Yes    I have a tuition waiver or I anticipate receiving other tuition-specific aid or reimbursement.

Why did you interrupt your education? Check all that apply:

☐ Financial    ☐ Family illness
☐ Child rearing    ☐ Employment
☐ Personal illness    ☐ Other: ______________________________________

Why did you choose to resume your undergraduate studies? Check all that apply:

☐ Desire to complete degree    ☐ Increase your earnings potential
☐ Advance current career/Transition to new career    ☐ Special interest
☐ Challenge yourself    ☐ Be a role model for family

What is your career goal at one year out from graduation?

What is your career goal eight years out from graduation?

What is your anticipated enrollment status for 2018-2019 academic year? Please check the appropriate box for the fall 2018 and spring 2019 semesters.

<table>
<thead>
<tr>
<th>Number of Credits per Academic Term</th>
<th>Fall 2018</th>
<th>Spring 2019</th>
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<tbody>
<tr>
<td>Fewer than 6 credits or Not Enrolled</td>
<td></td>
<td></td>
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<tr>
<td>6-8</td>
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<td>9-11</td>
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<td>12 or more</td>
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</tbody>
</table>

What is your anticipated semester of graduation (Example: Fall 2018)? _____________________
Name: ___________________________________________   TU ID: __________________

Last Name  First Name  Middle Initial

Please provide information about your high school enrollment and all colleges and universities you have attended during your college career. You may attach an additional sheet to report all of the colleges and universities you attended, if necessary. Please fill in the information below in chronological order:

1. High School Name: ___________________________________________

   Dates of Attendance
   (MM/YYYY – MM/YYYY): ___________________________________________

2. College/University Name: _______________________________________

   Dates of Attendance
   (MM/YYYY – MM/YYYY): ___________________________________________

3. College/University Name: _______________________________________

   Dates of Attendance
   (MM/YYYY – MM/YYYY): ___________________________________________

4. College/University Name: _______________________________________

   Dates of Attendance
   (MM/YYYY – MM/YYYY): ___________________________________________

5. College/University Name: _______________________________________

   Dates of Attendance
   (MM/YYYY – MM/YYYY): ___________________________________________

6. College/University Name: _______________________________________

   Dates of Attendance
   (MM/YYYY – MM/YYYY): ___________________________________________

Certification:

By signing below I certify that I meet the minimum eligibility criteria for the Osher Reentry Scholarship and that I agree to adhere to the special requirement regarding acknowledgement to the Osher Foundation. Further, I have read and understand the Restrictions outlined above. In submitting this application, I certify that I am not ineligible for any of the reasons cited in the Restrictions section.

Student Signature: _____________________________   Date: ________________________