

ACADEMIC SCHOLARS

Application for 2010-11

Oklahoma Residents Only

First Name _____ MI _____ Last Name _____

Social Security Number _____ Birth date _____

Address _____ City _____ State _____ Zip _____

County _____ Phone Number _____

High School _____ Year of Graduation _____

High School Address _____ GPA _____

Responses to the following questions are voluntary. The information will be used for non-discriminatory purposes and may be used for civil rights reporting purposes.

Race/Ethnicity _____

Male

Female

Oklahoma Residents Only:

ACT SCORES

English _____

Math _____

Reading _____

Scientific _____

Reasoning _____

Sum of ACT skill area scores _____
(must equal 133 or greater)

Date of ACT _____

*Test scores must be from a single national test date.

OKLAHOMA COLLEGE YOU PLAN TO ATTEND _____

Please indicate a college even if you have not yet made a final decision. Your choice may be changed at a later date.

ACCOMPANYING DOCUMENTATION

Students qualifying by ACT or SAT scores must include test reports. Copies of high school transcripts with ACT or SAT scores are acceptable.

SIGNATURES

I certify under penalty of perjury under the laws of the State of Oklahoma that the information provided herein by me in this application is true, complete, and correct to the best of my knowledge and belief and is made in good faith. If proven guilty of falsification of records associated with entry into the Academic Scholars Program, I will be subject to suspension from the program and from the attending college or university. In addition, I have read and fully understand the program provisions outlined in the application as well as the program rules available online at www.okhighered.org/academic-scholars. It is my personal responsibility to maintain program eligibility and familiarity with the rules. I further agree to assist the State Regents in follow-up studies of this program and keep the State Regents' office advised of my address.

Applicant (please print)

Applicant Signature

Parent / Guardian Signature

Date

By signing this form, I, the undersigned high school official, declare under penalty of the criminal laws of Oklahoma that this form has been examined by me and, to the best of my knowledge and belief, the answers are true, correct, and complete. I understand that the penalty for submission of fraudulent information on this form may be program ineligibility of the applicant.

School Official

Title

Submit this application and all supporting documentation to: Academic Scholars Program, Oklahoma State Regents for Higher Education, Post Office Box 108850, Oklahoma City, OK 73101-8850. Phone 800.858.1840 or 225.9239 in the Oklahoma City area.