

My Estimated Costs of Education for the Academic Year are as follows:

Tuition: \$ _____ **Room and Board:** \$ _____ **Books and Supplies:** _____

Laboratory Fees: _____ **Total \$** _____.

My Family and I will pay: \$ _____ **My unmet needs are:** \$ _____

I have received / or have been promised Financial Aid from the following sources:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Attach a copy of your School's Financial Aid Award notification letter (not the application) from the School you will/or currently attend. Send it as soon as possible, but no later than **May 30, 2015**. You may e-mail any questions to

Chester C. Pryor II, MD at - pryorcc@uc.edu - **"OCD 2015" must be in the subject space.**

CHARACTER REFERENCE: (Not a family member)

1) Name _____ Occupation: _____

Address _____
Street City State Zip

Advisor (if any): Pythagorans or Girls Assembly:

1) Name _____ Telephone/email: _____

Address _____
Street City State Zip

NOTE:

- 1. Blanks spaces not completed may disqualify your consideration.
- 2. **A typewritten statement must be attached** on the subject "Why I Want a College Education", including your **vocational preference** and/or **goals**, your **extracurricular activities** and **community activities**.
- 3. After the signature, give this completed application to the appropriate school official who in turn will attach an official transcript (to include: this Class Year's first semester grades, class rank, unweighted GPA, test scores including the Ohio Graduation Test, ACT/SAT test results); and recommendations. Forward the entire application directly to the address shown below.
- 4. Two letters of recommendations from your counselor, teacher, administrator, advisor, minister or employer.
- **5. (**Continuing Students**) Update your life goal in one hundred words or less.

SIGNATURES: We certify the above information to be true, correct and complete.
We authorize you to share this information with your associates.

Applicant's Signature

Parent / Guardian's Signature

PLEASE RETURN THIS FORM TO:
Chester C. Pryor II, MD
2401 Ingleside Avenue, Apt. 3D
Cincinnati, OH 45206-4401
Tel: 513- 751-6636 (H) 513-604-4614 (C)

A **typewritten statement must be attached** on the subject "**Why I Want a College Education**", including your **vocational preference** and/or **goals**, your **extracurricular activities** and **community activities**. You may use the space below to enter your statement.