



Generation Scholarship

TO BE CONSIDERED FOR THIS TUITION WAIVER SCHOLARSHIP, THE APPLICANT MUST BE A NON-RESIDENT, UNDERGRADUATE STUDENT & AT LEAST ONE PARENT OR GRANDPARENT MUST BE A GRADUATE OF THE UNIVERSITY OF OKLAHOMA

Applicant Information

Name:

Date:

SS/ID Number:

Term Enter:

Current Address:

Current Telephone: ()

Parent/Grandparent Information

Please give complete information, full name, name changes and maiden name

1. Name at time of graduation:

SSN:

Birthdate:

Relationship to applicant:

Major:

Year Graduated:

Current Address:

Home Telephone: ()

Business Telephone: ()

2. Name at time of graduation:

SSN:

Birthdate:

Relationship to applicant:

Major:

Year Graduated:

Current Address:

Home Telephone: ()

Business Telephone: ()

Return Form To:

Admissions Office, OUHSC
 P. O. Box 26901, BSEB 200
 Oklahoma City, OK 73126-0901
 Phone: (405) 271-3282
 FAX: (405) 271-2480
 Email: admissions@ouhsc.edu

Office use only. Date: _____ With Whom: _____ By: _____

cc: Financial Aid; Applicant File; and Marian Brown, OU Alumni Assn., 900 Asp Ave. MZ1 (OMU),
 Norman, OK 73019-0401 (405) 325-1710 FAX (405) 325-1709