
Dr. Suguru Furuichi Memorial Scholarship General Information

The Office of International Affairs is pleased to make available a partial tuition scholarship on behalf of and in memory of Dr. Suguru Furuichi. There is a limit of one scholarship per academic year. The scholarship was established in 1998 by friends and colleagues in memory of Dr. Suguru Furuichi, Volleyball Coach, 1976-1978.

An eligible student must meet all the following criteria:

- Be a non-immigrant international student (F-1 or J-1 status)
- Be a citizen of Japan
- Be currently enrolled full time in a degree granting program – undergraduate or graduate
- Making satisfactory academic progress

Preference will be given to:

- Students who majored or are majoring in Physical Education
- Students who attended Waseda University

Please submit the following documentation when applying for the scholarship:

- Suguru Furuichi Memorial Scholarship Application
- Letter explaining in specific terms how this scholarship will benefit you, as well as what you have done and are doing to meet your financial needs
 - **Note:** You will not be interviewed for the scholarship. Therefore, take full advantage of this opportunity to explain your financial situation in writing. However, limit your statement to a maximum of one page.

Additional Information

- Applicants will be notified by email regarding the scholarship committee's decision
- Scholarship awards will be applied directly to your account at Fees and Deposits
- Scholarship amounts range between \$500 - \$3,000 based on need
- Scholarship is disbursed once per year in the month of January. Please submit your application before this time

Dr. Suguru Furuichi Memorial Scholarship Application

Student Information (please print)

Last Name: _____

First Name: _____

Middle Name: _____

SEVIS ID Number: **N00** _____ Date of Birth (mm/dd/yyyy): _____

Academic Information

Field of Study: _____ Cumulative GPA: _____

Current Degree Level:

Bachelor's

Master's

PhD

Other: _____

What term and year are you applying for the Dr. Suguru Furuichi Memorial Scholarship?

Autumn _____

Spring _____

I affirm that the information I have provided on this application and any supportive financial materials are complete, accurate, and true to the best of my knowledge. I understand that furnishing false information may result in revocation of my financial assistance or may result in disciplinary action pursuant to The Ohio State University Code of Student Conduct.

Printed Name of Student: _____

Signature of Student: _____ Date (mm/dd/yyyy): _____

Please email completed application and personal essay to Devan Gibson at gibson.734@osu.edu.