

Please complete the Honors Program application and have the two enclosed recommendations submitted directly to the Office of Undergraduate Admissions with a postmark or hard-delivered no later than February 1.

Who may apply as a Fellow:

Applicants with a 1360 SAT I (*Math and Critical Reading composite only*) or 31 ACT and a 3.5 cumulative high school GPA may apply to be Fellows in the Honors Program. Fellows are appointed annually and receive a \$20,000 tuition scholarship. The scholarship is renewable when a 3.5 cumulative GPA is maintained in addition to active status in the Honors Program. Candidates not selected as Fellows will automatically be offered Scholars standing in the Honors Program.

Please note: Applicants must be admitted to Oral Roberts University in order to be considered for the Honors Program. Please ensure all credentials for admission to the university are submitted prior to the Fellows established deadline to avoid disqualification.

Whole Person Scholarship Program:

Students may apply to both the Honors Program and the Whole Person Scholarship Program and they may be selected for and participate in both programs, however the maximum scholarship award a student may receive from either of these programs is \$20,000.

Application Requirements

Please complete the Honors Program application, have the two enclosed recommendations submitted and answer the questions below. Answers to each of the following questions should be limited to 100-150 words (*one-half to one page*).

1. Why do you want to participate in the ORU Honors Program?
2. What educational or academic experiences and/or accomplishments in your life provide a foundation for honors work at ORU?
3. The Honors Program is looking for students who demonstrate excellence in many aspects of their lives and show promise of leadership. How do you satisfy these criteria? In what areas have you served as a leader?
4. The Honors Program places great emphasis on community service and volunteerism. In what areas have you served as a volunteer and why?
5. Write a description of your values/personal ethics and career interests with reference to the people and experiences that have helped to shape them. What makes you distinctive? What do you want to accomplish in your life and why?

Please feel free to share any additional information you believe may be important to the evaluation of your application.

In addition to the requirements listed above, please submit a typed, fully documented essay (*3-4 pages with at least five scholarly sources*) on any current topic or event. We will use this essay to evaluate your writing ability and critical thinking skills.

Applicants will be considered based on the strength of their Honors Program application and the quality of their essay.

Questions concerning the Honors Program may be directed to:

Dr. John Korstad, Honors Program Director | 918.495.6942 | jkorstad@oru.edu

Dr. Kay Meyers, Honors Program Associate Director | 918.495.6756 | kmeyers@oru.edu

ORU Office of Admissions | 800.678.8876 | 918.495.6518 | admissions@oru.edu



MAKE NO
LITTLE PLANS
HERE

HONORS PROGRAM FELLOWS APPLICATION

Student ID# Z _____

(ORU issued ID# found in your acceptance letter)

Name: _____ Phone: () _____
Last First Middle

Address: _____ City: _____

State or Country: _____ Zip: _____ Date of Birth: _____
(Month/Day/Year)

Gender: ☐ Female ☐ Male

E-mail: _____ Citizenship: _____

National Merit: ☐ Finalist ☐ Semi-Finalist ☐ Commended ☐ Unknown

Number of AP courses taken (including your last semester of high school): _____

EDUCATIONAL DATA

High School: _____ Year of Graduation: _____
Full Name of School City and State

☐ Home school ☐ Public school ☐ Private/Christian school

Indicate which of the following qualifying exams you have taken:

☐ Scholastic Achievement Test (SAT I) Date _____ Score, if known _____
(Math and Critical Reading composite only)

☐ American College Test (ACT) Date _____ Score, if known _____

High School GPA*: _____ / _____ (max)

High School Rank*: _____ out of a total of _____ students

* ☐ weighted or ☐ unweighted * If unranked: _____ number of students in graduating class.

Names of two people completing reference forms: _____

What major field(s) of academic study are you interested in pursuing at Oral Roberts University?

Signature of Applicant

Date

Application must be postmarked by February when applying to be a Fellow to:

ORU Office of Admissions | 7777 S Lewis Ave | Tulsa, OK 74171

Please complete the top portion of this form. I understand that by signing this form I willingly waive my right of access to see this reference. I understand that this waiver is NOT required as a condition for admission.

TO BE COMPLETED BY APPLICANT:

Applicant's name: _____ Phone: () _____
Last First Middle

Applicant's address: _____

_____ Street City State Zip

Signature: _____ Date: _____

TO BE COMPLETED BY A CURRENT OR RECENT ACADEMIC INSTRUCTOR: The above-named applicant is applying for admission to the Honors Program at Oral Roberts University. Please complete and return the form by February 1.

1. How long have you known the applicant? _____ In what capacity? _____

2. Please rate the applicant, in comparison to others at this education level, in the following areas:

	Outstanding Top 5%	Excellent Top 10%	Good Top 25%	Average Top 50%	Poor Lower 50%	No basis to evaluate
Critical thinking						
Oral communication skills						
Writing skills						
Self-direction						
Emotional stability						
Academic aptitude						
Responsibility skills						
Dependability						
Flexibility						
Teachability						

Recommendation must be postmarked by February 1 to:
 ORU Office of Admissions, 7777 S. Lewis Ave., Tulsa, OK 74171.

	Outstanding Top 5%	Excellent Top 10%	Good Top 25%	Average Top 50%	Poor Lower 50%	No basis to evaluate
Spiritual maturity						
Personal integrity						
Social skills						
Creativity						
Leadership						
Volunteer record						
Ability to work with others						
Overall ranking						

3. Please note any strengths or weaknesses that might make this applicant more or less desirable for this program.

4. Please summarize your recommendation of this applicant.

Name: _____ Title: _____

Institution: _____ Phone: _____

Address: _____ Signature: _____

City: _____ State: _____ Zip: _____ Date: _____

Please complete the top portion of this form. I understand that by signing this form I willingly waive my right of access to see this reference. I understand that this waiver is NOT required as a condition for admission.

TO BE COMPLETED BY APPLICANT:

Applicant’s name: _____ Phone: () _____

Last

First

Middle

Applicant’s address: _____

Street

City

State

Zip

Signature: _____ Date: _____

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Creativity						
Leadership						
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