

GOVERNORS STATE UNIVERSITY
Alumni Association & Foundation Scholarships
May 1 - June 30
Scholarship Application Form

(This form is to be submitted with other application materials as stated in the scholarship brochure.)

Name of Scholarship: _____

(Note: Complete a separate application form for each scholarship.)

Name: _____ SS# _____ - _____ - _____
Last First MI

Address: _____ Phone: () _____

City/State/ZIP: _____

Check One: Continuing Student No. of hours completed at GSU: _____

Transfer Student (Submit copy of transcript) Transfer GPA: _____

Academic College (Circle one): CE CHP BOG BPA CAS CHP Major: _____

Check One: Undergraduate Student Graduate Student

Expected # of Hours Enrolled for next fall: _____ Expected Graduation Date: _____

Are you receiving or applying for a Graduate Assistantship or division tuition waivers? _____

(If yes, what kind?)

Have you filled out a Free Application for Federal Student Aid (FAFSA)? YES NO

If employed, where? _____
Company Name Address

NOTE: If the scholarship for which you are applying has a financial need or residency requirement, be sure to attach proper documentation.

I verify that the above information is correct and also that if awarded the scholarship, I will acknowledge my appreciation to the funder in writing and agree to meet him/her at the reception for recipients and donors.

Signature _____ Date _____