



ALUMNI SCHOLARSHIP
Deadline: March 31st

Full Name: _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Name and Address of Parent(s): _____

Father's Occupation: _____

Mother's Occupation: _____

Number of Siblings at Home: _____ Number of Siblings in College: _____

High School Attended: _____ Year of Graduation: _____

High School Grade Point Average: _____ College Grade Point Average: _____

Student Classification: Incoming Freshman _____ Sophomore _____ Junior _____ Senior _____

Major: _____ Minor: _____

Will You Be a Full Time Student: Yes/No _____ Will You Live On Campus: Yes/No _____

Expected Date of Enrollment/Period for Which You Are Applying: Year _____ Fall/Spring: _____

Extracurricular Activities: _____

Honors/Awards: _____

Are You Presently Employed: Yes/No _____ If so, Where: _____

Annual Household Income (as indicated in parent(s)'s federal income tax return): _____

Other Expected Aid: Pell Grant _____ Work Study _____ Veteran's Benefits _____

Other: _____

If you are considered an Independent Student by Financial Aid, please answer the following questions:

Annual Household Income: _____ Marital Status: _____ # of Dependents: _____

Signature: _____ Date: _____

The application will not be processed without the applicant's signature. Your signature certifies that the information provided is true and that you agree to fulfill the requirements of the scholarship if you are the recipient.