**Please type or print the following information**:

 Academic Level: PhD Master’s Undergraduate

Name

College/University Enrolled

*(**)**-*

Current Phone Number Ext. Email Address

**Permanent Address**

Street (& Apartment Number if applicable)

City State Zip

**Current Mailing Address**

Street (& Apartment Number if applicable)

City State Zip

**Curriculum**

Major Minor Expected Graduation (e.g. Fall 2016)

*(**)* *-*

Academic Advisor Phone Ext.

Current GPA Current GPA in Major

Name two (2) persons not related to you that could provide an appraisal of your academic performance and career potential.



Name Title/Department Relationship to you

*(**)**-*

Phone Number Ext. Email Address



Name Title/Department Relationship to you

*(**)**-*

Phone Number Ext. Email Address

By signing or electronically submitting this application, I certify that all information included on or enclosed with this Scholarship Application is true and accurate. I am also certifying that I am enrolled and attending the college or university I have listed as a full-time student for the Spring 2017 semester and will continue with this full-time status for the 2017 academic year.

Signature Date