

GALLAUDET UNIVERSITY

20 __-20 __ SCHOLARSHIP APPLICATION

PRINT THIS FORM BEFORE COMPLETING. This form is required for all scholarship awards. The Financial Aid Office will match students with scholarships based on donor requirements, and the information you provide. Scholarships are awarded on a first come, first served basis. Please apply as early as possible to be considered. **PRINT OR TYPE CLEARLY AND COMPLETE ALL SECTIONS IN AS MUCH DETAIL AS POSSIBLE.** By signing below, you are giving permission to forward this form to donors. Return this form to the Financial Aid Office.

PLEASE DO NOT ATTACH ADDITIONAL PAGES!!!

NAME: _____ ID: _____ Male Female

HOMETOWN: _____

HIGH SCHOOL: _____ H.S. GRAD. DATE: _____

OTHER COLLEGES: _____ DEGREE EARNED: _____

CURRENT MAJOR: _____ GPA: _____ CLASS (eg, Fr., Soph.): _____

AWARDS/HONORS RECEIVED (Past and Present): _____

ACTIVITIES/INTERESTS/HOBBIES (Include clubs, organizations, Fraternity/Sorority, etc):

FUTURE PLANS/GOALS: _____

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Scholarship: _____ Amount: _____