

# **OPERATING STAFF ENDOWED SCHOLARSHIP APPLICATION FORM**

**(To be completed by student and submitted with Nomination Form)**

*(PLEASE PRINT OR TYPE)*

NAME: \_\_\_\_\_ CAMPUS ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CAMPUS PHONE: \_\_\_\_\_ NUMBER OF SEMESTERS COMPLETED: \_\_\_\_\_

MAJOR: \_\_\_\_\_ CUMULATIVE GPA: \_\_\_\_\_

EXPECTED DATE OF GRADUATION: \_\_\_\_\_

CAMPUS AND/OR COMMUNITY ACTIVITIES AND INVOLVEMENT:

EMPLOYMENT:

SPECIAL HONORS OR ACHIEVEMENTS:

PLEASE DESCRIBE HOW YOU HAVE BENEFITED FROM BEING A STUDENT AT PLYMOUTH STATE, AND WHY YOU ARE A GOOD CANDIDATE FOR THIS SCHOLARSHIP: (use separate sheet of paper if needed):

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

PLEASE RETURN THIS APPLICATION WITH YOUR NOMINATION FORM (S)

\* NO LATER THAN **MARCH 31**

**TO CHRISTINE HOCH, MSC 18, FINANCIAL AID OFFICE**

THE APPLICANT IS RESPONSIBLE FOR MAKING SURE THAT BOTH THE APPLICATION AND NOMINATION FORM(S) ARE RECEIVED BY THE DEADLINE.

***INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.***