



MOUNT ALOYSIUS COLLEGE ENDOWED SCHOLARSHIP APPLICATION – 2010-2011

All information on this application is optional; however, many scholarships are only available to individuals who meet specific criteria (i.e. disability, single parent). Should you leave a question(s) blank which would determine your eligibility for a specific scholarship, you automatically become ineligible for that particular scholarship. You must apply for federal and state grants before consideration for scholarship eligibility will be given. Any scholarship that you receive is considered a financial aid resource, and, when combined with other financial aid resources, may affect the amounts of other financial aid resources (for example: OVR, Southern Alleghenies, etc. All decisions from the scholarship committee are final.

THE DEADLINE FOR APPLICATIONS IS MAY 3, 2010.

PLEASE PRINT OR TYPE (Illegible applications and applications without signature and date will not be considered).

NAME _____ SSN _____

ADDRESS _____ COUNTY _____

CITY _____ STATE _____ ZIP _____ PHONE # () _____

AGE _____ MARRIED SINGLE MALE FEMALE

G. P. A. _____ MAJOR _____ RACE _____ RELIGION _____

STATUS: FRESHMAN SOPHOMORE JUNIOR SENIOR

WHAT HIGH SCHOOL DID YOU GRADUATE FROM? _____

ARE YOU A SINGLE PARENT? YES NO

DO YOU HAVE A PHYSICAL DISABILITY? YES NO

HOW MANY FULL-TIME SEMESTERS HAVE YOU COMPLETED AT MT. ALOYSIUS? _____

DURING THE SCHOOL YEAR YOU RESIDE ON CAMPUS OFF CAMPUS WITH PARENT

I HAVE REVIEWED THE ENDOWED SCHOLARSHIPS AND BASED ON THE QUALIFICATIONS REQUIRED BY EACH SCHOLARSHIP, I AM APPLYING FOR: (You may apply for only four)

- ① _____
- ② _____
- ③ _____
- ④ _____

*LIST ANY RELATIVE(S) WHO ATTENDED MOUNT ALOYSIUS. INCLUDE RELATIONSHIP TO YOU AND DATE(S) THEY ATTENDED:

*SPECIFY HONORS, AWARDS (OTHER THAN SCHOLARSHIPS) AND DATES. _____

*SPECIFY MOUNT ALOYSIUS COLLEGE AND COMMUNITY AFFILIATIONS WITH ORGANIZATIONS, COMMITTEES, OFFICES HELD _____ AND DATES _____

OFFICE USE ONLY:

SCHOLARSHIP APPROVED? YES NO SCHOLARSHIP AWARDED: _____

ACADEMIC YEAR APPLIED: _____ YEARLY AMOUNT OF SCHOLARSHIP: _____ FALL/SPRING

AUTHORIZED SIGNATURE: _____ DATE: _____

PLEASE COMPLETE THE QUESTIONS BELOW:

① EMPLOYMENT HISTORY:

② CAREER ASPIRATIONS:

③ HOW A SCHOLARSHIP WILL ASSIST YOU IN MEETING YOUR EDUCATIONAL GOALS:

④ ANY ADDITIONAL INFORMATION YOU WOULD LIKE THE SCHOLARSHIP COMMITTEE TO KNOW: