



MOUNT ALOYSIUS COLLEGE ALUMNI BOOK SCHOLARSHIP APPLICATION

Please complete this application to be considered for the Alumni Book Scholarship. Read and complete this application carefully, making sure to attach all requested information. You must apply for federal and state grants before consideration for scholarship eligibility will be given. **THE DEADLINE FOR APPLICATIONS IS AUGUST 4, 2008.**

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

NAME _____ SSN _____

STREET ADDRESS _____ COUNTY _____
CITY _____ STATE _____ ZIP _____ PHONE #(_____) _____

AGE _____ MARRIED SINGLE MALE FEMALE G. P. A. _____ MAJOR _____

STATUS: FRESHMAN SOPHOMORE JUNIOR SENIOR RACE _____ RELIGION _____

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

ATTACH A SEPARATE SHEET INDICATING YOUR:

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

*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.

I understand that a scholarship 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.) My signature confirms that the information provided on this application is true to the best of my knowledge. All decisions from the scholarship committee are final.

Signature _____ Date _____

OFFICE USE ONLY:

SCHOLARSHIP APPROVED? YES NO ACADEMIC YEAR APPLIED: _____ AMOUNT OF SCHOLARSHIP: _____ FALL/SPRING

AUTHORIZED SIGNATURE: _____ DATE: _____