



# MOUNT ALOYSIUS COLLEGE ENDOWED SCHOLARSHIP APPLICATION – 2009-2010

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 1, 2009.**

NAME \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

AGE \_\_\_\_\_  MARRIED  SINGLE  MALE  FEMALE

G. P. A. \_\_\_\_\_ MAJOR \_\_\_\_\_ RACE \_\_\_\_\_ RELIGION \_\_\_\_\_  
(as of Fall 2008)

STATUS:  FRESHMAN  SOPHOMORE  JUNIOR  SENIOR  
(as of Fall 2009)

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 \_\_\_\_\_ ③ \_\_\_\_\_  
② \_\_\_\_\_ 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:**