

College of Arts and Sciences Scholarship Application Form

PLEASE PRINT. *All items must be completed; submit completed form to the Office of the Dean.*

NAME: _____

GSW ID NUMBER: _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP CODE _____

HOME PHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: _____

**SCHOLARSHIP YOU ARE
APPLYING FOR:** _____

MAJOR: _____

OVERALL GPA: _____

GPA IN MAJOR FIELD: _____

HOURS COMPLETED: _____

If awarded a scholarship, I grant permission for GSW State University or GSW Foundation, Inc. to release and/or publish my name as a Foundation Scholarship Recipient.

Signature

Date

* * *

FOR OFFICE USE:

