

**Governors State University
Foundation and Alumni Association Scholarships**

2016-2017 Scholarship Application Form

Application Deadline – Received by Monday, February 6, 2017

Complete this form for each scholarship application and attach other materials as required by scholarship criteria.

TWO COPIES OF ENTIRE PACKET MUST BE SUBMITTED

**Send to: Governors State University
Office of Financial Aid or Room D34070
1 University Parkway, University Park, IL 60484**

Name of Scholarship: _____

Name: _____ Student ID # _____

Check below best
number to be reached

Address: _____ Home Phone: (____) _____

City, State, ZIP: _____ Cell Phone: (____) _____

E-mail: _____ Work Phone: (____) _____

Number of hours completed at GSU: _____

Academic College: COE CHHS COB CAS
(College of Education) (Colleges of Health and Human Services) (College of Business) (College of Arts and Sciences)

Check One: Freshman Sophomore Junior Senior Graduate Student

Indicate expected enrollment hours for Spring semester, 2017: _____ Expected Graduation Date: _____

I am applying for a financial need based scholarship. I understand that I must have a FAFSA form on file.

If employed, where? _____
Company Name Occupation Title

I verify that the above information is correct and also that if awarded the scholarship, I will acknowledge my appreciation to the funder in writing and agree to meet him/her at the reception for recipients and donors.

Signature: _____ Date: _____

For office use only

Last term of enrollment GPA _____

- Application reviewed and forwarded
- Application incomplete
- Application denied