



Scholarships for Disadvantaged Students (SDS) Application
College of Health and Human Services

I intend to enroll as a Full-time student in: ___ Fall ___ Winter ___ Spring/Summer
(Please check all terms that apply)

Male ___ Female ___
GSU Student ID#

Full Name: Last First Middle Name or Initial

Permanent Address: Number Street Apt. No.

City IL Zip code

Contact info: E-mail address Day phone # Evening #

Marital Status
___ Single
___ Married
___ Divorced/Separated

Reason for Application: (Please check all reasons that apply)

- 1. ___ Economic disadvantage
2. ___ Member of the first generation in the family to attend college OR a member of an underrepresented group...
3. ___ Member of the first generation in the family in a graduate program...
4. ___ Attended a high school in another state listed as under funded

High School Info: Date of Graduation: ___ OR Date of GED: ___

Name of High School Address City State Zip code

Have you submitted a Free Application for Student Aid (FAFSA) for this academic year?
Yes ___ No ___

Other criteria used to determine scholarship eligibility is membership in one of the traditionally under-represented groups attending higher education institutions. Please indicate your ethnic origin/race below.

- ___ Asian or Pacific Islander ___ Native American or Alaskan Native
___ Black (non-Hispanic origin) ___ Multiracial
___ Hispanic ___ White

Are you of the first generation in your family to attend a four-year college or university? Yes ___ No ___

Are you of the first generation in your family to pursue a graduate degree in your chosen field of study?
Yes ___ No ___



Affidavit of Application Accuracy and Agreement

By signing this statement I agree to the following:

To the best of my knowledge the information I have provided in this application is true and accurate. If asked, I will provide proof of accuracy of any response I have indicated in this application.

If I receive this scholarship, I understand I must and will enroll as a full-time student in the department to which I have been admitted. I will continue to be enrolled as a full-time student.

I understand this scholarship is for one trimester, and may be renewed for one or two terms.

To retain this scholarship I must maintain a 3.0/4.0 grade point average in all departmental degree coursework.

If I fail to abide by all parts of this statement I will relinquish this scholarship immediately.

Signature of Applicant

Date

Print Name of Applicant