EASTERN MICHIGAN UNIVERSITY

DEPARTMENT OF LEADERSHIP & COUNSELING

SCHOLARSHIP APPLICATION

Please type or print clearly. The quality and completeness of the information provided will serve as an integral part of the selection process. Only completed applications will be considered.

(Last Name)	(First Name)	(Middle Name)	
Date of Birth		EMU Student Number <u>E</u>	
Address			
(Street Address)		(P.O. Box/Apt. Number)	
(City)	(State)	(Zip Code)	(Home Telephone)
(Email Address)	(Business Telephone)		
Gender Identity:	Ethnicity:	White/Non-Hispanic Hispanic/Latino(a) American Indian/Alaskan Native Multiracial	Black/Non-Hispanic Asian Pacific Islander Other
U.S. Citizen: Yes No	State of Residence		
Citizenship (if not U.S.):		Visa Type (e.g., F-1, J-1)	
		Community, or College Counseling, Edu General Administration or Certificate pr	•
How many total credit hours have yo	ou completed in	your program? Wł	nat is your GPA?
List scholarship(s) are you applying f	or		_
Please read the f	ollowing staten	ment carefully. Then sign your agreeme	nt below.
•	enrollment requ	in and complete a certain number of cr iirements, I will quickly determine accep gly.	•
that failure to represent my cre	dentials accura Department of L	rm is true and complete to the best of ately will warrant immediate disqual Leadership and Counseling permission to olved in the selection process.	lification from financial aid
Signature			

DUE DATE: April 15th

Please refer to the individual scholarships "additional information section" to see if a essay, resume or letters of recommendation are required. If so, be sure to attach them to this form.

The scholarship committee will review all applications in early spring and will contact you in mid/late- summer, if you are awarded.

*Return the completed application to Hillary Woodyard via email (hlee25@emich.edu) by the deadline.

Department of Leadership and Counseling John W. Porter Building, Suite 304 Eastern Michigan University Ypsilanti, Michigan 48197 Telephone: (734) 487-0255