

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.

Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Maiden Name)

Social Security Number \_\_\_\_\_ EMU Student Number **E** \_\_\_\_\_

Address \_\_\_\_\_  
(Street Address) (P.O. Box/Apt. Number)

(City) (State) (Zip Code) (Home Telephone)

(Email Address) (Business Telephone)

Gender: Male Female Date of Birth \_\_\_\_\_

Ethnicity: White/Non-Hispanic Black/Non-Hispanic  
Hispanic/Latino(a) Asian  
American Indian/Alaskan Native Pacific Islander  
Multiracial Other

U.S. Citizen: Yes No State of Residence \_\_\_\_\_

Citizenship (if not U.S.): \_\_\_\_\_ Visa Type (e.g., F-1, J-1) \_\_\_\_\_

What program area are you pursuing? (School, Community, or College Counseling or Educational Leadership-K12 Administration or Higher Education-Student Affairs/General Administration or Certificate program)

How many total hours have you completed in your program? \_\_\_\_\_ What is your GPA? \_\_\_\_\_

List scholarship(s) are you applying for. \_\_\_\_\_

**Please read the following statement carefully. Then sign your agreement below.**

I understand that some awards require me to enroll in and complete a certain number of credit hours per semester. Once notified of award and related enrollment requirements, I will quickly determine acceptance and notify the Department of Leadership and Counseling accordingly.

I certify that the information on this application form is true and complete to the best of my knowledge. I understand that failure to represent my credentials accurately will warrant immediate disqualification from financial aid consideration. I hereby give to the Department of Leadership and Counseling permission to share this application form and any supplemental materials with individuals involved in the selection process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DUE DATE** (refer to scholarship informational sheet): return the completed application, resume, 500 word statement of career/academic goals, financial need and how you fit the criteria for the scholarship(s), and 2 letters of recommendation that focus on the applicant's integrity ethical behavior, and commitment to the profession to (recommendations should **NOT** be solicited from Leadership & Counseling faculty): **Attn:** Scholarship Committee – c/o Dr. Tracy

Department of Leadership and Counseling  
John W. Porter Building, Suite 304  
Eastern Michigan University  
Ypsilanti, Michigan 48197

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