

EASTERN MICHIGAN UNIVERSITY
School of Health Promotion and Human Performance
318 Porter Building
734-487-0090

APPLICATION FOR GRANT IN AID OR SCHOLARSHIP

Please fill out this application and return it to 318 Porter by Monday, April 2, 2012.

1. Name: _____
Address: _____
E# _____ Year in College (e.g. junior): _____
Age: _____ Telephone: _____
Email: _____ Overall GPA: _____
Declared Major: _____ Major GPA: _____
Number of credit hours completed at Eastern Michigan University: _____
Number of credit hours transferred to Eastern Michigan University: _____
2. Have you completed the Free Application Federal Student Aid Application (FAFSA)? Yes No
Date (month and year) of most recent FAFSA: _____
3. Do you currently receive financial aid through the University? Yes No
4. Do you plan on graduating in December? Yes No
5. Semester and Year of Student Teaching/Internship: _____
6. What percentage of your financial support do you provide for yourself? _____
What percentage is through parental, guardian or other support? _____
7. Were you claimed as a dependent on your parents' most recent Federal Income Tax Return? Yes No

8. Father's Name: _____
Address: _____ Age: _____
Employed or Retired: _____
9. Mother's Name: _____
Address: _____ Age: _____
Employed or Retired: _____
10. Number of siblings: _____ Number of siblings your parents support: _____
Are any self-supporting? Yes No If so, how many? _____
11. Are you presently employed while attending the University? Yes No
Place of Employment: _____
Type of work: _____
Hours: _____ Wages per week: _____
12. Did you work this past summer to earn money for your education? Yes No
Place of Employment: _____
Type of Work: _____
Approximate amount earned: _____
13. Do you have a job for this coming summer and/or next year? Yes No
Place of Employment: _____
Type of work: _____
Approximate amount you expect to earn: _____
14. Have you found it necessary to borrow money for your college education?
Yes No
If so, approximately how much do you owe toward your education? _____

15. Have you received any other grants in aid or scholarships? Yes No

If so, please list them: _____

Amount received for each: _____

16. Do you have income from any sources not listed above? Yes No

If so, please list them:

17. Write a brief paragraph explaining your need for financial assistance.

18. List three references (at least one should be from the School of Health Promotion & Human Performance)

Name: _____

Address: _____

Telephone: _____ Email: _____

Name: _____

Address: _____

Telephone: _____ Email: _____

Name: _____

Address: _____

Telephone: _____ Email: _____

19. Please list your extra-curricular and service activities.

Within School of HPHP:

Campus Groups:

Community Groups:

20. Future Goals:

21. Other comments that you would like the Scholarship Committee to consider (i.e. honors, special circumstances, etc.)
