

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

APPLICATION FOR GRANT IN AID OR SCHOLARSHIP

Please type this application and return it to 318 Porter by May 8, 2009.

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)? _____
Date (month and year) of most recent FAFSA _____
3. Do you currently receive financial aid through the University? _____
4. Do you plan on graduating in December? _____
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? _____

8. Father's Name _____
Address _____ Age _____
Employed or Retired _____
9. Mother's Name _____
Address _____ Age _____
Employed or Retired _____
10. Number of siblings _____ Number your parents support _____
Are any self-supporting? _____ If so, how many? _____
11. Are you presently employed while attending the University? _____ If so,
Place of Employment _____
Type of work _____
Hours _____ Wages per week _____
12. Did you work this past summer to earn money for your education? _____
Place of Employment _____
Type of Work _____
Approximate amount earned _____
13. Do you have a job for this coming summer and/or next year? _____
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? _____
If so, approximately how much do you owe toward your education? _____

15. Have you received any other grants in aid or scholarships? _____

If so, please list them _____

Amount received for each _____

16. Do you have income from any sources not listed above? _____

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 _____

