JOHN A. SCARBOROUGH
SCHOOL OF EDUCATION
SCHOLARSHIP APPLICATION

Students applying *must* do student teaching during the award year.

Name:_____

Address :_____

_____

Phone :_____

Names and addresses of parents/guardians and/or spouse:

_____

_____

_____

Hometown Newspaper :_____

Social Security Number :_____ Current GPA :_____

Major :_____

Number of hours completed in major:_____

Number of hours completed by the end of the school year:_____

Are you currently receiving any financial aid/scholarship(s)? If yes, please indicate amount and type/name(s) of the aid/scholarship(s).

_____

_____

On an attached sheet, please address the following:

A. A statement of need for the scholarship.
B. Educational goals.
C. Educational philosophy.

I hereby nominate_____ as a candidate for the John A. Scarborough scholarship.

*Signed _____

Date: _____

* This form must be signed by a faculty member from the School of Teacher Education.

Typed application is due by noon on the last Friday of February.
Please submit your application in Gary A. Ransdell Hall 1092