

EVANGEL UNIVERSITY
CURRENT STUDENT
EDUCATION DEPARTMENT SCHOLARSHIP APPLICATION

Return to the EDUCATION DEPARTMENT by January 15

Type or Print

1. NAME _____ ID# _____
Last First MI

2. PERMANENT HOME ADDRESS _____
City State Zip

3. CAMPUS ADDRESS _____ CELL PHONE _____

4. NAME OF PARENT/GUARDIAN _____

5. OCCUPATION OF PARENTS _____

FATHER EVANGEL ALUMNUS _____ Yes* _____ No

MOTHER EVANGEL ALUMNUS _____ Yes* _____ No

*If yes, submit one copy to Mr. Chuck Cox in the Institutional Development Office

FIRST MAJOR _____ SECOND MAJOR _____
AREAS OF CERTIFICATION _____

6. HOURS COMPLETED AT EVANGEL UNIVERSITY (*last completed semester*) _____

7. HOURS REGISTERED FOR CURRENT SEMESTER _____

8. CURRENT CLASSIFICATION (*only count completed hours*)

FR _____ SO _____ JR _____ SR _____
0 – 25 Hours 26 – 55 Hours 56 – 87 Hours 88 Hours

9. ENROLLMENT PLANS FOR NEXT ACADEMIC YEAR _____
Fall # hrs Spring # hrs

10. STUDENT TEACHING SEMESTER _____ OR _____
FALL SPRING YEAR

11. CURRENT CUMULATIVE GPA _____

12. HIGH SCHOOL GPA _____ COMPOSITE ACT/SAT _____

13. TOTAL HOURS TRANSFERRED TO EVANGEL UNIVERSITY _____

14. CUMULATIVE GPA OF TRANSFERRED CREDIT _____

15. COLLEGE/UNIVERSITY TRANSFERRED HOURS TRANSFERRED FROM:

_____ # OF HRS. TRANSFERRED

_____ # OF HRS. TRANSFERRED

16. LIST COMMUNITY, CHURCH-RELATED ACTIVITIES, AND (INDICATE IF H.S. OR COLLEGE) EXTRACURRICULAR ACTIVITIES IN WHICH YOU HAVE BEEN INVOLVED WITHIN THE LAST TWO YEARS.

17. I PLAN TO GRADUATE FROM EVANGEL UNIVERSITY WITH:

_____ Bachelor's Degree

_____ Associate of Arts Degree

18. ANTICIPATED DATE OF GRADUATION: _____
Month Year

DO YOU PLAN TO TEACH IN MISSOURI AFTER GRADUATION? _____
Yes No

19. IF YOU HAVE RECEIVED, OR WILL RECEIVE ANY SCHOLARSHIPS, INCLUDING EDUCATION SCHOLARSHIPS FROM EVANGEL UNIVERSITY, FOR THE UPCOMING ACADEMIC YEAR, PLEASE LIST THEM BELOW:

Scholarship: _____ \$ Value: _____

Scholarship: _____ \$ Value: _____

(List others below)

20. I PLAN TO FILE FOR FEDERAL AID: _____ Yes _____ No

My signature certifies that the information on this form is correct to the best of my knowledge. I understand that false information could cause forfeiture of any scholarship.

Signature

Date

Return this application to the Education Department no later than January 15th