

**EVANGEL UNIVERSITY**  
**Science & Technology Department**  
**SCHOLARSHIP AND GRANT APPLICATION**  
Returning Student 2010-2011

Return to SCIENCE & TECHNOLOGY DEPARTMENT SECRETARY by January 22, 2010.

**Please Print**

SS# \_\_\_\_\_

NAME \_\_\_\_\_ STUDENT ID# \_\_\_\_\_  
Last First MI

HOME ADDRESS \_\_\_\_\_  
City State Zip

CAMPUS ADDRESS \_\_\_\_\_ CAMPUS PHONE \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

FATHER EVANGEL ALUMNUS \_\_\_\_ Yes\* \_\_\_\_ No

MOTHER EVANGEL ALUMNUS \_\_\_\_ Yes\* \_\_\_\_ No If yes, Mother's maiden name \_\_\_\_\_

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

<b>FIRST MAJOR</b> _____	<b>SECOND MAJOR</b> _____
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HOURS COMPLETED AT EVANGEL UNIVERSITY (End of Fall 09) \_\_\_\_\_

HOURS REGISTERED FOR SPRING 2010 \_\_\_\_\_

CLASSIFICATION (End of Spring 2010) FR \_\_\_\_\_ SO \_\_\_\_\_ JR \_\_\_\_\_ SR \_\_\_\_\_  
0 – 25 Hours 26 – 55 Hours 56 – 87 Hours 88 Hours

ENROLLMENT PLANS FOR 2010 – 2011 ACADEMIC YEAR \_\_\_\_\_  
Fall # hrs Spring # hrs

CUMULATIVE GPA (End of Fall 2009) \_\_\_\_\_

IF FALL 2009 WAS YOUR FIRST COLLEGE SEMESTER:  
HIGH SCHOOL GPA \_\_\_\_\_ COMPOSITE ACT/SAT \_\_\_\_\_

TOTAL HOURS TRANSFERRED TO EVANGEL UNIVERSITY \_\_\_\_\_

CUMULATIVE GPA OF TRANSFERRED CREDIT \_\_\_\_\_

COLLEGE/UNIVERSITY TRANSFERRED HOURS TRANSFERRED FROM:

\_\_\_\_\_ # OF HRS. TRANSFERRED

\_\_\_\_\_ # OF HRS. TRANSFERRED

