**2015-2016**

**School of Professional Services and Worden School of Social Service**

**at Our Lady of the Lake University**

**SCHOLARSHIP APPLICATION**

**Please print or type.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First Middle*

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Street City State Zip*

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Program: \_\_\_\_\_\_\_ OLLU ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_

Do you plan to work in the San Antonio area after graduation? \_\_\_\_\_\_\_\_ If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART** I- **Reason for Request: *Print or Type Below***

Fully explain your financial reasons for requesting a scholarship. You may attach a separate page if necessary.

**PART II** - **Student Narrative: *Attach Separate Pages***

Please attach a narrative describing the reasons you are pursuing your degree, your background (if relevant), and future plans.

**PART Ill - Information Waiver, Disclosure, and Consent: *Read and Initial***

1. I agree to a waiver that allows my school to use my Free Application for Federal Student Aid (FAFSA) results and my academic records--including courses taken and grades earned-- to determine eligibility for this scholarship.

(**Student Initials:** \_\_\_\_ )

1. I certify that all of the information provided by me on this application is correct, and that falsification of any records or documents submitted to obtain this scholarship will result in my having to repay the funds. (**Student Initials:** \_\_\_\_ )
2. I have read and understand the eligibility criteria of this scholarship program that is freely available from Department Chair. (**Student Initials:** \_\_\_\_ )
3. I understand that by not maintaining the eligibility criteria of the scholarship will result in disqualification for future awards.

(**Student Initials:** \_\_\_\_ )

**PART IV – Faculty Nomination Form: *Request from your faculty advisor before September 3 and attach to your application.***

Applicant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applications are due to Department Chairs/Directors by September 10.

No late applications will be considered.

Awards will be announced by September 18, 2015.