

GEORIGIA STATE UNIVERSITY
OFFICE OF EDUCATIONAL OPPORTUNITY & TRiO PROGRAMS

NEED BASED SCHOLARSHIP APPLICATION

DEADLINE: OCTOBER 2, 2009

PART I: GENERAL INFORMATION

First Name:

Middle Initial:

Last Name:

E-Mail Address

Permanent/Home
Address:

Address 2:

City:

State:

Zip Code:

Home Telephone
Number:

Cell Telephone
Number:

Date of Birth:

Gender: Female Male

Project :

Date Entered Project:

High School
Attended/Attending:

College/University
you attend/will attend
in the fall.

Current Classification:

College
Major/Expected
Major:

**PART II: LEADERSHIP, SCHOOL ACTIVITIES, AND COMMUNITY VOLUNTEER
SERVICE INFORMATION**

Activity	Dates	Leadership Role	Sponsor / Contact
	To: From:		
	To: From:		
	To: From:		
	To: From:		
	To: From:		

PART III: TRIO ACTIVITIES INFORMATION

Activities	To Date:	From Date:

PART IV: SPONSOR INFORMATION

Sponsor's Name:

Position/Title:

TRiO Program:

City:

State:

Zip Code:

Phone Number:

Name of Additional Recommendation:

Address of Additional Recommendation:

City:

State:

Zip Code:

NOTE:*The individual who sponsors the applicant for the Scholarship must be a current Georgia State University OEO & TRiO staff member. **The sponsor must submit a recommendation letter.**

PART V: SCHOLARSHIP ESSAY

I certify that the above information is accurate. I understand that falsifying information will result in the disqualification of my scholarship application.

Full Name:

E-mail Address:

Date: