

# Scholarship Application Form

Scholarships for Entering Freshmen

Department of Mathematics and Computer Science

Eastern Illinois University



**All parts of this form must be completed for the application to be considered for a scholarship.**

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

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

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

High School: \_\_\_\_\_

List all high school mathematics courses you have taken (with grades):

Overall High School GPA: \_\_\_\_\_

Mathematics High School GPA: \_\_\_\_\_

Extra Curricular Activities:

Financial Information:

Approximate combined annual income of parents/guardians: \_\_\_\_\_

Number of dependent children (other than yourself) in your family: \_\_\_\_\_

Do you have any other resources at your disposal that can be used for your college education? Explain.

Use the space below and/or the reverse side of this page to describe in more detail your need for financial aid. Be sure to include a list of other sources of financial aid to which you are applying.

**Scholarship Application—Candidate Statement Form**

Department of Mathematics and Computer Science

Eastern Illinois University



In the space below, briefly summarize why you want to major in one of the mathematical programs at EIU and which of these programs you intend to pursue.

- A Counselor/Principal Verification Form and one additional Recommendation Form must be submitted. Sample sheets for this purpose are enclosed. List below the persons you have asked to complete these forms.
- A high school transcript is requested on the Counselor/Principal Verification Form. Please time the request to your school official so that grades for at least one semester of your senior year are included.
- ACT scores are also required.

NAME

ADDRESS

---

---

Return by **February 1, 2012** to:

Dr. Margaret Weaver  
Department of Mathematics & Computer Science  
Eastern Illinois University  
600 Lincoln Ave.  
Charleston, IL 61920-3099

e-mail: mlweaver@eiu.edu OR

OR FAX: (217) 581-6284

## Scholarship Application—Recommendation Form

Department of Mathematics and Computer Science

Eastern Illinois University



Name of Student \_\_\_\_\_

This student is applying for a scholarship from our department. Please submit a brief assessment of his/her ability to pursue an undergraduate degree in mathematics. To the extent you are able, comment on the character, achievement, dependability, and financial need of this student.

Name / Title \_\_\_\_\_

Return by **February 1, 2012** to:

Dr. Margaret Weaver  
Department of Mathematics & Computer Science  
Eastern Illinois University  
600 Lincoln Ave.  
Charleston, IL 61920-3099

e-mail: mlweaver@eiu.edu

OR

OR FAX: (217) 581-6284

## Scholarship Application—Counselor/Principal Verification Form

Department of Mathematics and Computer Science

Eastern Illinois University



Name of Student \_\_\_\_\_

This student is applying for a scholarship from our department. Please provide us with the following information based on your records and familiarity with the candidate:

1. a high school transcript that includes grades for the fall semester of his/her senior year and ACT scores;
2. *7th* or *8th* semester (please circle correct semester) class rank: \_\_\_\_\_ out of \_\_\_\_\_ ;
3. a brief assessment of this student's ability to pursue an undergraduate degree in mathematics, addressing, to the extent you are able, his/her character, achievement, dependability, and financial need.

Name / Title \_\_\_\_\_

e-mail address \_\_\_\_\_

Return by **February 1, 2012** to:

Dr. Margaret Weaver  
Department of Mathematics & Computer Science  
Eastern Illinois University  
600 Lincoln Ave.  
Charleston, IL 61920-3099

e-mail: mlweaver@eiu.edu

OR

OR FAX: (217) 581-6284