

# Scholarship Application Form

E.H. Taylor (Two-Year) Scholarship

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: \_\_\_\_\_

SSN: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

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

Name and address of all post-secondary schools you have attended:

List all the college-level mathematics courses you have taken (with grades):

Overall College GPA: \_\_\_\_\_

Mathematics College GPA: \_\_\_\_\_

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.

- Two Recommendation Forms must be submitted. Sample sheets for this purpose are enclosed. List below the persons you have asked to complete these forms.
- Junior College transfer students need to supply their ACT scores and transcript(s) showing grades for all college-level courses completed to date.

NAME

ADDRESS

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Return by **March 15, 2005** to:

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

e-mail: [mlweaver@eiu.edu](mailto: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 \_\_\_\_\_

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Eastern Illinois University OR FAX: (217) 581-6284  
600 Lincoln Ave.  
Charleston, IL 61920-3099

## Scholarship Application—Recommendation Form

Department of Mathematics and Computer Science

Eastern Illinois University



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

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