

Scholarship Application Form

Wozencraft Mathematics 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. To be eligible for this award you must be enrolled at Eastern Illinois University.

Name: _____

SSN: _____ Birthdate: _____

Address: _____

Phone: _____ e-mail: _____

Major: _____

Second Major: _____

Minor: _____

List all college-level mathematics courses you have taken (with grades) or in progress:

Overall College GPA: _____

Mathematics College GPA: _____

Financial Information:

(Fully explain how you are financing your college expenses. Include all pertinent information. Use back of sheet if necessary.)

Return by **March 15, 2005** to: Dr. Margaret Weaver
Department of Mathematics & Computer Science, Eastern Illinois University
600 Lincoln Avenue, Charleston, IL 61920
or e-mail: mlweaver@eiu.edu, or fax (217) 581-6284