

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 nancial aid. Be sure to include a list of other sources of nancial 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 3 to:

e-mail: pgandrews@eiu.edu	OR	Dr. Peter Andrews Department of Mathematics & Computer Science Eastern Illinois University 600 Lincoln Ave. Charleston, IL 61920
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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 nancial need of this student.

Name / Title _____

Return by February 3 to:

e-mail: pgandrews@eiu.edu OR Dr. Peter Andrews
Department of Mathematics & Computer Science
Eastern Illinois University
600 Lincoln Ave.
Charleston, IL 61920

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 nancial need.

Name / Title _____

e-mail address _____

Return by February 3 to:

e-mail: pgandrews@eiu.edu OR Dr. Peter Andrews
Department of Mathematics & Computer Science
Eastern Illinois University
600 Lincoln Ave.
Charleston, IL 61920