

SCHOOL OF TECHNOLOGY

Applied Engineering and Technology, Technology Education,
Business Education, Career and Technical Education with emphasis in
Technology Education, Career and Technical Education with emphasis in
Business Education, and M.S. in Technology majors

STUDENT SCHOLARSHIP APPLICATION

Name: _____ E#: _____

 Last First Middle I. Email: _____

Local Address: _____ Local Phone: _____

Permanent Address: _____

 Street/Rural Route No., Box No. City State Zip

County of Permanent Residence: _____ County of High School: _____

Name of Parent(s) or Guardian(s): _____

Address: _____

 Street/Rural Route No., Box No. City State Zip

First Generation College Student (Neither parent has college degree): Yes No

*Total Transfer Credit ____ School _____ *Transfer GPA _____

*Semester hours completed at Eastern _____ *EIU GPA _____

*Total semester hours completed at end of fall semester _____ *Major GPA _____

*Major: _____ *Hrs. Completed in major _____

* Concentration/Option/Emphasis: _____ *Minor: _____

* Undergraduate Student ____ Graduate Student ____

* Anticipated Date of Graduation: ____/____/____ Plan to Enroll in MS Tech Program ____/____/____

This section to be completed by the student's academic advisor.

I have verified the items designated by an asterisk above to be correct.

Advisor's Signature _____ Date: _____

Describe your career goals. (Please explain in detail)

List your college extracurricular activities (athletics, band, debate, dramatics, student government, etc.) and years (freshman, sophomore, junior, senior) during which you participated. If an officer, or in a leadership position, please indicate.

List professional organizations with which you are associated.

List participation in service activities - (To department, school, college, campus, church and community at large.)

Please describe your financial need.

Why do you feel you are uniquely qualified for this scholarship?

A recommendation from one School of Technology faculty member must be submitted to complete your application. Hand carry this form to the faculty member you have chosen. The faculty member completing the recommendation must return it to the School of Technology Office – 1014 Klehm Hall by March 16, 2012.

List Faculty Member Chosen: _____

I certify that the above information and statements provided by me are true and accurate to the best of my knowledge. My signature recognizes the decision of the Scholarship Committee as final and that all information is subject to complete confidentiality.

_____/_____/_____
Date

Student's Signature

**Please hand carry this completed form to the
School of Technology Office - Klehm Hall 1014
Due by March 16, 2012**