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.
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's social so that grades for at least one semester of your senior year are included.

ACT scores are also required.

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Return by February 3 to:

Dr. Peter Andrews
Department of Mathematics & Computer Science
Eastern Illinois University
600 Lincoln Ave.
Charleston, IL 61920

e-mail: pgandrews@eiu.edu OR
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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Charleston, IL 61920

e-mail: pgandrews@eiu.edu OR
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 ______________________________________________________________

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