



Division of Education
Scholarship Application

Applicant Information

Full Name: Last First M.I. Date:

Local Address: Street Address Apartment/Unit #
City State ZIP Code

Permanent Address: Street Address Apartment/Unit #
City State ZIP Code

Phone: Email

High School

High School:
Address: Street Address
City, County State ZIP Code

Teacher Education

Major: Ret/Grad GPA Current Hours Enrolled
Have you been admitted to the Teacher Education Program? Yes No
Do you intend to obtain an advance degree after graduation? Yes No
Part Time Student Full Time Student

Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Company: _____ Phone: _____
Address: _____ Supervisor: _____

Provide Letter

Activities & Organizations

1. Please list involvement in NWOSU activities and organization.
2. Please list hobbies, outside interest, extra-curricular activities and school related volunteer activities.
3. Discuss unusual financial circumstances (if any) that might affect your chance of funding a college education.

References

Full Name: _____ Phone: _____
Full Name: _____ Phone: _____

Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

► Attach unofficial transcript

Return to the Alva Education Office (EC 205) by February 15.