



Education Graduate Scholarship Application
APPLICATION DEADLINES: MAY 1, AUGUST 1, and DECEMBER 1

Please *PRINT* Only completed applications will be processed.

For which term are you applying: *Fall Spring Summer Year*_____

Last Name First Middle

BU ID Number Home Phone Other phone

E-mail Address

Permanent Address City State Zip

Are you a US Citizen? ____ Gender ____ Do you presently hold a Teaching License? ____

Please circle all that apply and indicate content area if applicable:

- ~ MASE MAT MED
- ~ PreK-3 K-6 4-8 7-12 K-12

Credit Hours Remaining for Degree Completion _____ Graduation or Program Completion Date _____

*I certify that I have read this application and that it is accurate and complete to the best of my knowledge. Any student seeking additional financial aid must have completed the **FAFSA** form at www.fafsa.ed.gov. I understand that I will be required to maintain a 3.0 cumulative GPA to remain eligible for participation in the program.*

Signature of Applicant **Date**

Scholarship I am applying for (check one):

____ **Needs based** (Applicant must meet criteria established by Financial Aid for “needs based”. Applicant must complete the FAFSA form and submit it to Financial Aid Office. Individual scholarship will not exceed \$800 per semester).

____ **Merit based** (Applicant will indicate why they are meritorious and deserve award of monies. Individual scholarship will not exceed \$250 per semester with a maximum of \$750 per year). **Please attach a current résumé**

Please indicate why you believe you are meritorious and should be a recipient of a Merit Scholarship: (If additional space is needed please use **Continuation** on bottom of page 2)

(over)

