

# UNIVERSITY OF LOUISVILLE

Returning Debater Scholarship Application

For Academic Semester/Year: \_\_\_\_\_

## APPLICANT INFORMATION

Last Name:	First Name:	M.I.:
Street Address:		Apt. #:
City:	State:	Zip:
Home Phone #:	Cell Phone #:	
E-mail Address:		
Social Security #:	D.O.B.:	Student ID #:

## EDUCATION

GPA:	Year in School:
Major and/or Minor:	
Please submit an unofficial copy of your school transcripts to the debate staff with your application.	

## EXTRACURRICULAR ACTIVITIES

### Work

Do you plan to be employed during the debate season?
If so, where?
How many hours per week?
Will your schedule be flexible?
Will it conflict with the MWF 8-10am squad meetings?
Will it conflict with your ability to participate in tournament travel?

### Organizations

Are you involved in any student organizations?
If so, what position do you hold?
What is the weekly time commitment?
Are you involved in any outside organizations?
If so, what is the weekly time commitment?
Will any of these activities conflict with the MWF 8-10am squad meetings?
Will any of these activities conflict with your ability to participate in tournament travel?





|

|