UNIVERSITY OF LOUISVILLE

Debate 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/DEBATE EXPERIENCE			
High School:		City/State:	
Year Graduated:	GPA:	Did you debate?	
If yes, in what type of debate did you participate?			

If you attended a college or university prior to enrolling at UofL, please provide an unofficial copy of your transcript.			
College:		City/State:	
Degree Earned OR Major/Courses Studied:			
From:	To:	GPA:	Did you debate?:
If yes, in what type of debate did you participate?			

AWARDS AND ACCOMPLISHMENTS

EXTRA-CURRICULAR ACTIVITIES

High School:

College (include employment/hours worked per week):

REFERENCES

Name:	Relationship:
Address:	
Phone:	E-Mail:

Name:	Relationship:
Address:	
Phone:	E-Mail:

Name:	Relationship:
Address:	
Phone:	E-Mail:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I further understand that if this application leads to employment, false or misleading information in my application or interview may result in my release.

Signature:	Date: