SCHOOL OF PUBLIC HEALTH & INFORMATION SCIENCES

Date:_____

Undergraduate Scholarship Application

Name:_____

Degree Program:_____

Student ID#:_____

Email:_____

Phone #:_____

Sex:_____

Ethnicity:_____

Have you completed FAFSA (Circle one)? YES NO

List the scholarship you are applying for; if you are applying for a book scholarship, list amount you are requesting: $_____

Are you receiving any other scholarships? YES NO

Briefly describe your financial need for this scholarship

Briefly describe any significant academic accomplishments and attach resume:

By signing below, I verify the above information is correct and give the University of Louisville School of Public Health and Information Sciences permission to contact University of Louisville financial aid office to verify receipt of other financial awards.

_____

Student Signature

_____

Date