

**Application for Scholarship**  
**College of Arts & Sciences, Ohio University**

Name of Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employing Agency \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Title of course for which scholarship is requested: \_\_\_\_\_

Call Number \_\_\_\_\_ Department Catalog Number \_\_\_\_\_ Credit Hours \_\_\_\_\_

Quarter offered \_\_\_\_\_ Campus \_\_\_\_\_

Total hour enrollment for this quarter \_\_\_\_\_

Are you admitted into an Ohio University Graduate Program? Yes \_\_\_\_\_ No \_\_\_\_\_  
(You must be admitted to Ohio University as a graduate student to receive a scholarship.)

With which graduate program are you identified? \_\_\_\_\_

What is your last university or college degree? \_\_\_\_\_  
Granting institution \_\_\_\_\_ Date of degree \_\_\_\_\_

If you have any questions, please contact Ms. Deborah Pack at 593-1269.

\_\_\_\_\_  
Applicant's Signature                      Date                      Supervisor's Signature                      Date

\_\_\_\_\_  
Chair, Department of Social Work                      Date

\_\_\_\_\_  
Associate Dean, College of Arts and Sciences                      Date

\_\_\_\_\_  
Account Number