

**School of Library and Information Science
The Catholic University of America
Application for Scholarship Consideration Form**

Name: _____

Address: _____ City, State, Zip Code _____

International Student? _____ If yes, country? _____

Contact Information:

Daytime Phone: (____) _____ Evening Phone: (____) _____

Email: _____

How many classes do you plan to take per semester (3+ classes per semester is considered full-time study)? If you know that you will vary the number of course by semester, please provide your plan:

Scholarship Interests (Indicate semester year in the blank provided):

Fall ____ Spring ____ Summer ____ Period of Study _____

List financial support or awards you have received for your study at CUA-SLIS or expect to receive during your period of study at CUA-SLIS with indication of the amount of the support and/or awards.

Estimate your expenses per semester based upon the posted university tuition and fees (<http://treasurer.cua.edu/controller/sa/tuitionandfees/>):

(over)

Including the information specified above, what is your expectation for financial support per semester:

Employer: \$ _____ Third-Party Scholarship: \$ _____ Loans: \$ _____

Assistantship: \$ _____ Other (Please specify): \$ _____

Total: \$ _____

What is your focus within your degree study? _____

List in reverse order (recent to distant) other colleges and universities you have attended with dates, degree earned in applicable and cumulative grade point average (GPA):

List academic honors and awards:

Professional activities and memberships related to library science and/or information science:

Community service and related activities:

Optional: Minority Status:

African American, Black

Native Hawaiian/Pacific Islander

Asian

White or Caucasian

Hispanic, Latino

Other: _____

Native American/Alaskan Native

Additional details you wish the committee to have that were not included above (attach a separate document as applicable):

This application does not represent a contract, nor does it represent any promise of scholarship or other financial award. The undersigned agrees that the above information is accurate to the best of their knowledge.

Name: _____ Signature: _____ Date: _____