



Scholarship Request Form

Please print or type all requested information.

Name _____

Last 4 Digits of Social Security Number _____ Date of Birth _____

Mailing Address _____

Email _____ Phone _____ Cell Phone _____

Marital Status: Single Separated Divorced Married

If married, spouse's name _____ Your Ethnic Background: _____

Are you a US citizen? Yes No Do you live with your parents? _____

Graduated from (High School) _____ Standing or GPA: _____

Name of College _____

College Address _____

Major/Minor _____ Current Class Level _____

If you are a graduate student, where and when did you complete your undergraduate studies?

Degree _____ Major _____ Expected Graduation Date _____

of units per quarter _____ GPA _____ Previous quarter GPA _____
(If a transfer student, cumulative community college GPA.)

Honors or awards received _____

Your scores on the ACT _____ SAT _____ Other _____

Initial: _____

List current and prior job titles: _____

Full- or part-time employers (you may attach a separate sheet and/or resume) : _____

Salary _____

In a short essay (¾ page) describe your special hobbies, talents, interests and goals as well as any present and future community service in which you participate.

If given assistance in the form of scholarship, in what capacity do you feel you will be able to assist the Copernicus Foundation? (Consider utilizing your skills, talents and educational insights.)

Note to Applicant:

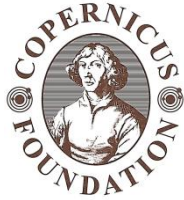
By signing this application form, you understand and agree that any false or misleading documents or information will result in being disqualified from consideration. You also confirm that you are a college student or will be starting your freshman year at the time you will be using an award. You agree to the Scholarship Committee's right to confirm and check any information included in your application with outside parties. You also agree to all conditions of the Scholarship Committee's requirements and that the decision of the judges is final and not subject to review. All forms must be completed in full and be **postmarked by August 1st of the current year.** Incomplete forms and information will not be considered.

Signature:

Date:

Print Name: _____

RECEIVED:



Scholarship Information Form

Print Name: _____

Please estimate your yearly expenses:

Tuition/ Registration Fees _____

Books and school supplies _____

Housing (rent) _____

Utilities & Food _____

Transportation and parking
(i.e. automobile or public transportation) _____

Medical and car insurances _____

Personal expenses _____

Other expenses (specify): _____

TOTAL EXPENSES PER YEAR \$ _____

Please provide your yearly income:

Parents/ Family _____

Employment _____

Savings _____

Scholarships, Grants, Work Study, Financial Aid _____

Loans and other income _____

TOTAL INCOME \$ _____

FINANCIAL AID REQUESTED \$ _____ (Max. \$ 3,000)

Signature _____ Date: _____