



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, or Married): _____

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

Are you a US citizen?: _____ Do you live with your parents? _____

Graduated from (High School): _____ Class Rank or GPA: _____

Score on applicable test: ACT _____ SAT _____ Other (name & score) _____

Name of College, University, or Trade School: _____

School Address: _____

Major & Minor: _____ Current Class Level: _____

For Graduate student: Where and when did you complete your undergraduate studies?

School: _____ Degree: _____

Major: _____ Graduation Date: _____ GPA: _____

Expected Current Graduation Date: _____ Current Major: _____

For Current Undergraduate & Graduate Students:

of credits per quarter: _____ Cumulative GPA (including transfer history): _____

Previous quarter's GPA: _____ Honors or awards received: _____

Initial: _____

List current and prior job titles (You may attach a separate sheet and/or resume.):

Full or part-time employers: _____

Average income per month: _____

QUESTION #1: In a short essay (¾ page) describe your special hobbies, talents, interests and goals as well as any present community service in which you participate. (Submit as separate sheet)

QUESTION #2: 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. Submit on separate sheet or added to page with response to question #1)

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 July 15th of the current year**. Incomplete forms and information will not be considered.

Signature: _____ Date: _____

Print Name: _____

RECEIVED: Office Use Only



APPLICANT & FAMILY INCOME

Print Name: _____

Please estimate your yearly expenses:

Tuition / Registration Fees _____

Books, school supplies, Housing (rent) _____

Utilities & Food _____

Transportation & Parking _____

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, and other income _____

TOTAL INCOME

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

Signature: _____ Date: _____

of Pages attached after Page 3: _____