



**GALLAUDET UNIVERSITY**  
**20\_\_-20\_\_ SCHOLARSHIP APPLICATION**

**PRINT THIS FORM BEFORE COMPLETING.** This form is required for all scholarship awards. The Financial Aid Office will match students with scholarships based on donor requirements, and the information you provide. This biographical information will be forwarded to scholarship donors. ***PRINT OR TYPE CLEARLY AND COMPLETE ALL SECTIONS IN AS MUCH DETAIL AS POSSIBLE.*** By signing below, you are giving permission for the release this information/form to donors. Return this form to the Financial Aid Office.

**PLEASE DO NOT ATTACH ADDITIONAL PAGES !!!**

**NAME:** \_\_\_\_\_ **ID:** \_\_\_\_\_ **Male**  **Female**

**HOMETOWN:** \_\_\_\_\_  
(City) (State)

**HIGH SCHOOL:** \_\_\_\_\_ **H.S. GRAD.DATE:** \_\_\_\_\_

**OTHER COLLEGES:** \_\_\_\_\_ **DEGREE EARNED:** \_\_\_\_\_

**CURRENT MAJOR:** \_\_\_\_\_ **GPA:** \_\_\_\_\_ **CLASS:** (eg ,Fr.,Soph) \_\_\_\_\_

**AWARDS/HONORS RECEIVED (Past and Present):** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ACTIVITIES/INTERESTS/HOBBIES (Include clubs, organizations ,Fraternity/Sorority, etc):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FUTURE PLANS/GOALS:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OFFICE USE ONLY**

Scholarship: \_\_\_\_\_ Amount: \_\_\_\_\_