



# Scholarship Application Form

## Student Information

Name:

Address:

State:

Zip Code:

Cell Phone Number:

Email:

## TRIO Program Affiliation

University:

Program Name:

Location:

Director:

Email:

## Indiana TRIO scholarships applicant wishes to apply for:

- |   |   |
|---|---|
| <input type="checkbox"/> Cheryl L. Berry Pre-College    | <input type="checkbox"/> Study Abroad- College Level          |
| <input type="checkbox"/> Indiana TRIO Pre-College       | <input type="checkbox"/> Board of Directors College Full-Time |
| <input type="checkbox"/> Textbook Pre and College Level | <input type="checkbox"/> Board of Directors College Part-Time |

## Student Academic Information (at time of application)

- |  |   |
|--|---|
| <input type="checkbox"/> Current High School Student | <input type="checkbox"/> College Junior   |
| <input type="checkbox"/> College Freshman            | <input type="checkbox"/> College Senior   |
| <input type="checkbox"/> College Sophomore           | <input type="checkbox"/> Graduate Student |

Anticipated Graduation Date:

Major:

Anticipated Career:

Current accumulative GPA:

*All scholarships require a minimum GPA of 2.5/4.0. Please include unofficial transcripts with submission.*

I affirm the information provided by me and contained within this scholarship application is correct and accurate. I understand that any misrepresentation in this submission will disqualify me from consideration as an Indiana TRIO scholarship candidate. My signature below certifies my voluntary submission of this application:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_