

Special or Unusual Circumstances, if pertinent: Please list any other special circumstance that may not covered in other categories.

If you are currently a student please fill out the information below:

Degree program: _____ Expected graduation date: Month _____ Year _____
(BA, BS, etc.)
Major: _____ Minor: _____

Cumulative undergraduate grade point average/scale: _____

Scholastic honors earned (Be specific -- Indicate what the award is for and who it is from):

Postgraduate plans -- does the nominee intend to pursue graduate school immediately, seek employment, etc.: _____

Institutional Information

Athletics Director _____
Phone (____) _____ Fax (____) _____
E-Mail _____

Signature is required for acceptance of the scholarship and release of information for promotional materials, i.e. Workshop program, releases, etc.

Signature