UNIVERSITY OF NORTH DAKOTA
Teacher Education
SCHOLARSHIP APPLICATION FORM
Submit to und.teachereducation@ad.ndus.edu or take to Room 102, Education Building.

Name: _______________________________ Phone: _______________________________

Campus Address: _________________________ Student ID: ________________

______________________________ Overall GPA: _______________________

Permanent Address: _________________________ E-mail: _______________________

______________________________________________________________________

Hometown/County/State (some scholarships are designated for students from specific communities):

______________________________________________________________________

Circle your anticipated level in the fall:

1st semester Sophomore 1st semester Junior 1st semester Senior
2nd semester Sophomore 2nd semester Junior Graduate School

Circle your current program of study

Early Childhood Education Elementary Education Middle Level Education
Secondary Education- Major __________________ Graduate Program __________________

Number of credits enrolled in this semester (Spring) _________

Are you or have you received financial aid (grants, loans, or scholarships) from the University Of North Dakota
Financial Aid Office? Yes ____ No ______

Please list the grants, loans, or scholarships you have received in the past by semester: ________________

______________________________________________________________________

______________________________________________________________________

Are you receiving financial aid from any other source? Yes ____ No ____

If So, Please Specify: ____________________________________________________
1. Please list any academic awards you may have received in college

2. Indicate what experiences and aspirations make you a good candidate for receiving a scholarship.

3. What would receiving a scholarship mean to you and/or how would this impact you?

4. What are your goals after graduation?

5. What else would you like us to know about you that might further inform our decision-making process?

(If more space is needed for your response(s) please submit on a separate sheet of paper.)

Consent to release information/release from liability

I authorize representatives of the University of North Dakota College of Education and Human Development to utilize information contained in my academic file including my academic record, professional qualifications, credentials, clinical competence, and evaluations for the purpose of determining my qualifications for the above scholarship(s). In the event that I am chosen for a scholarship, I hereby authorize the UND College of Education and Human Development to use my name when publicizing its scholarship recipients.

_________________________  _________________________
Date                       Signature of Applicant