

CEHD Scholarship Application Form

Name of scholarship _____

(Use one form for each application)

Note: This scholarship may affect your financial aid package.

Name (last, first, middle initial) _____

Address _____

Home Phone _____ **Other Phone** _____

U of M ID _____ **E-Mail** _____

Educational Status

Degree/License sought: Undergraduate Initial License M.Ed. Ed.D. Ph.D.

Undergraduate Major _____ **Overall Undergraduate GPA** _____

Graduate Program _____ **Graduate GPA** _____

Faculty/Academic Adviser _____

Anticipated date of graduation _____

Optional Information

Gender: Female Male

Ethnic/racial background _____

(For scholarship eligibility only)

Citizenship Status

U.S. Citizen Resident Alien

Non-resident Alien (if non-resident alien, provide visa type) _____