

The Goizueta Foundation Scholars Fund at AASU 2009-10
Graduate Scholarship

Part 2: Application

Name: _____ Student ID# _____

Address: _____
PO Box / Street City State Zip

e-mail: _____

Home Phone: () _____ Birth date: _____ Gender: __female __male
Cell Phone: () _____
Month / Day / Year

Spouse / Other contact name: _____ Phone: () _____

Address: _____
PO Box / Street City State Zip

College / University attended: _____

Overall GPA: _____ Graduation Date: _____ Major: _____

Graduate program at Armstrong Atlantic State University: _____

Are you currently enrolled at AASU? __ Yes __ No If yes, what major? _____

Have you applied and been accepted by The School of Graduate Studies? __ Yes __ No
(awards are granted to "accepted" students only)

Do you work full time? __ Yes __ No Part-time? __ Yes __ No

Do you have children? __ Yes __ No If yes, how many? __ Yes __ No

How did you hear about The Goizueta Foundation Scholars Fund Graduate scholarship at AASU?

I/we certify that the information provided on this form is accurate and complete to the best of my/our knowledge. I/we further understand that any false statement subjects me to forfeiture of my scholarship.

Applicant's Signature

Date