

**FACULTY SENATE SCHOLARSHIP
APPLICATION**

APPLICANT INFORMATION

Parent Information Employed at NKU as Faculty

Applicant's Name _____

Parent's Name _____

Student ID Number* _____

Department _____

Address _____

Phone _____

To Be Completed by First Time Matriculating NKU students:

HIGH SCHOOL INFORMATION

Name: _____

Grade Point Average _____

Address _____

Rank in Class _____

To Be Completed by Current or Transfer NKU students:

NKU RELATED INFORMATION

Are you currently enrolled at NKU? _____ YES _____ NO

NKU Academic Status _____ Freshman _____ Sophomore _____ Junior _____ Senior

Major of Study _____ Minor (if any) _____

NKU Grade Point Average: _____ Cumulative College GPA _____

LETTERS OF RECOMMENDATION

Two letters of recommendation are required to supplement this application. Letters must not be from relatives of the applicant. Letters can be submitted with this application or mailed directly to the Faculty Senate office at the address provided at the bottom of the application.

ESSAY PORTIONS: In approximately 250 words, develop answers to Parts I and II.

Part I. Explain your career goals (125 words or less).

ESSAY PORTION: Part II. In your opinion, what makes you the most deserving candidate for this scholarship?
(125 words or less)

PERSONAL INFORMATION

List any academic honors and or awards you have received. (Include high school Advanced Placement and honors courses as well as college honors programs, if applicable.)

List any extracurricular activities and organizations with which you may be affiliated. (Include membership in clubs, hobbies, volunteering, and University or community service.)

Describe below the type of employment you expect to have during the academic year in which the scholarship would be in force. If applicable, please identify the number of hours worked (or anticipated to work) per week.

I understand that withholding or giving false information on this application may make me ineligible for this scholarship/award. I certify that the above information and all other provided documentation included herein is correct and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

**If a student ID number has not been assigned, please use the last four digits of your Social Security number.*

THIS APPLICATION IS DUE BACK IN THE FACULTY SENATE OFFICE ON:
The first TUESDAY in April - BEFORE 4:30 pm (EST)
105 Lucas Administration Center
Highland Heights, Kentucky 41099

Please contact Grace Hiles hilesg1@nku.edu for questions or concerns