

Graduate Scholarship Application Form  
College of Education and Human Development

PERSONAL INFORMATION:

Name \_\_\_\_\_ Student Number \_\_\_\_\_  
Phone Number(s): Home \_\_\_\_\_ Work: \_\_\_\_\_  
Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
\_\_\_\_\_

ACADEMIC BACKGROUND:

Degree Completed \_\_\_\_\_ Major \_\_\_\_\_ Institution \_\_\_\_\_ Year \_\_\_\_\_  
Undergraduate GPA \_\_\_\_\_ GRE Scores \_\_\_\_\_

EMPLOYMENT:

School and District \_\_\_\_\_  
Position \_\_\_\_\_  
Dates employed \_\_\_\_\_

ACADEMIC GOALS:

Are you pursuing a degree or certification? \_\_\_\_\_  
In what area? \_\_\_\_\_

Anticipated Current Semester Schedule:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Statement on reasons for applying for graduate scholarship (not to exceed 2 paragraphs, use back of page if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References (1 work reference and 1 academic reference)

Name	Position	Phone Number	E-mail
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Submit completed application to Dr. Ruth Ray in BE 384 or mail to her attention,  
Department of Education, One University Place, Shreveport, LA 71115