



# Scholarship Application

Complete the following application and return to TRIO Programs, 335 Ceres Hall, by **February 14, 2014**. Students must be enrolled in one of the TRIO programs or VET program at North Dakota State University at the time of application, minimum cumulative GPA of 2.5, and must have unmet need as established by the Student Financial Services office to be eligible for the scholarship.

**Please print ALL information. Incomplete applications will not be considered.**

## I. Applicant Information:

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**II. Program Affiliation:** ☐ McNair Scholar Program ☐ Upward Bound  
☐ Student Support Services ☐ Veteran Educational Training

## III. Academic Information:

Classification: \_\_\_\_\_ Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Anticipated Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Academic honors and awards:

_____	_____
_____	_____
_____	_____

Career Goal(s): \_\_\_\_\_

Where are you attending college during the fall of 2014? \_\_\_\_\_

## IV. Narrative and Supporting Information:

Please attach a well-developed narrative describing:

- The impact TRIO has had on your education
- How these funds will assist you achieve your academic goals

Also, you must attach

- Copy of your unofficial academic transcript, including current semester schedule (excluding VET participants)
- Signed "Release of Photograph" form

I affirm the information provided by me and contained within this TRIO Scholarship Application is correct and accurate. I understand that any misrepresentation in this packet will disqualify me from consideration as a TRIO Scholarship candidate. My signature below certifies my voluntary submission of this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Release for Use of Photograph and Personal Story

I, \_\_\_\_\_, as the candidate of the \_\_\_\_\_ TRIO scholarship, authorize my photo be used in publications of the TRIO Program or in press releases sent out for publication for TRIO Programs.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- If I am less than 18 years of age, my parent or guardian must sign this authorization

***Contact Anna Sheppard at 701-231-7312 in Ceres 331 to schedule a time to be photographed.***

**SEND THIS FORM WITH THE APPLICATION TO TRIO PROGRAMS IN CERES 335.**