



Application Undergraduate Scholarship Program

Instructions: All information must be complete to be considered for funding. For dates, deadlines, and other relevant forms, refer to: <http://spacegrant.oregonstate.edu/undergraduateguide.html>

NAME (Last, First Middle) _____	<input type="checkbox"/> female <input type="checkbox"/> male	Soc Security # (OSU Students: Please Use Student ID #) _____
Local Address Street: _____		Email Address _____
City: _____ State: _____ Zip: _____		
Telephone Number (1) _____ <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> home <input type="checkbox"/> parent's		Telephone Number (2) _____ <input type="checkbox"/> cell <input type="checkbox"/> work <input type="checkbox"/> home <input type="checkbox"/> parent's
Permanent Address Street: _____		Residency <input type="checkbox"/> Oregon <input type="checkbox"/> Other (Please list state) _____
City: _____ State _____ Zip _____		
<input type="checkbox"/> U.S. Citizenship (Required)		
Ethnic identity (Voluntary. Ensures equal opportunity under an Affirmative Action Program)		
<input type="checkbox"/> Asian _____ (specify ethnic group)	<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Other (Please list ethnic / racial identification) _____
<input type="checkbox"/> Pacific Islander _____ (specify ethnic group)	<input type="checkbox"/> Black, Non-Hispanic	
<input type="checkbox"/> Hispanic _____ (specify ethnic group)	<input type="checkbox"/> American Indian or Alaskan Native _____ (specify tribal affiliation)	
School attending Winter Term 2009 <i>University</i> <input type="checkbox"/> EOU <input type="checkbox"/> GFU <input type="checkbox"/> OIT <input type="checkbox"/> OSU <input type="checkbox"/> PSU <input type="checkbox"/> SOU <input type="checkbox"/> UO <input type="checkbox"/> WOU <input type="checkbox"/> PU	<i>Community College</i> <input type="checkbox"/> Lane <input type="checkbox"/> PCC-Cascade <input type="checkbox"/> PCC-Rock Creek <input type="checkbox"/> PCC-Sylvania	Class standing as of Winter Term 2009 <input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior Expected graduation date (mmm-yy) _____ <hr/> GPA Cumulative GPA for all subjects: _____ Major GPA to date: _____ <i>Include unofficial transcript with application.</i>
Academic Major _____		SAT (if applicable) Verbal _____ Math _____ TSWE _____ <hr/> ACT (if applicable) English _____ Math _____ Reading _____ Science Reasoning _____ Composite Score _____
Enrollment Verification <i>Provide contact person for the department of your academic major (i.e. Department Head, Chair or Dean)</i>		
Name: _____	Dept: _____	
Phone: _____	Street: _____	
Email: _____	City: _____	State: _____ Zip: _____
Honors, awards, and other scholarships _____		
Applicant's Certification I certify that all information in this application is true and complete to the best of my knowledge. I also authorize release of information as described in the program guidelines. I understand that submitting false information will disqualify me from scholarship consideration.		
Signature _____		Date _____