



OFFICE OF FINANCIAL AID
 FROSTBURG STATE UNIVERSITY
 101 BRADDOCK ROAD
 FROSTBURG, MARYLAND 21532-2303

Institutional Scholarship Application 2011-2012

By completing this application, you will be considered for all institutional scholarships offered through the Frostburg State University Foundation. Several of the questions on this application are included because they pertain to criteria established by donors for their individual scholarships.

In order to be eligible for scholarships, you must be admitted to a degree program and must enroll full-time. **In addition, you must attach a well-developed, one-page, typed essay that describes your educational goals, accomplishments and other information that would explain to the selection committee why giving you a scholarship would be money well spent.** This application, the essay and any supporting documentation, if required, must be received on or before March 1, 2011.

Applicant Information

Last Name		First Name (<i>legal name</i>)		Middle Name		Last 4 digits of SSN		
Street Address			City		State		Zip	
County		Home Phone Number ()		Length of residence at this address years months		Date of birth Month: Day: Year:		
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		High School Attended/Location					H.S. Graduation Yr.	
High School G.P.A.	FSU G.P.A.	SAT score		FSU Major		FSU Minor		
Academic standing at the beginning of the Fall 2010 semester: Freshman (0-29 credits) Sophomore (30-59 credits) Junior (60-89 credits) Senior (90 or more credits)								
Is one of your parents or grandparents a graduate of FSU? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name, relationship and year he/she graduated (<i>where applicable, give maiden name of alumnus</i>):								
Are you of Italian heritage that can be documented? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, supply descendance documentation with this application.								
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, are you a Vietnam Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a dependent/descendant of a Vietnam Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Note: if the answer to any of these questions is yes, you must attach a copy of the qualifying veteran's DD214 to this form showing a minimum of 6 months active duty in a branch of the U.S. military.								
Are you currently employed? If yes, place of employment:						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you received or do you currently receive a merit scholarship at FSU?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have leadership experience? If yes, please provide positions held:						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you participate in extra-curricular activities? If yes, please provide a list of specific activities:						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you participate in volunteer activities? If yes, please provide a list of your experiences:						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you participate in any campus clubs or organizations? If yes, please provide details:						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you an active member of the FSU Society for Human Resources Management Student Chapter?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is one of your parents a dues-paying member of the local FSU AFSCME labor union? If yes, please list parent(s) name:						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a current member of FSU Student Support Services?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a Frostburg State University student attending USM Hagerstown Center?						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a legacy member of Sigma Tau Gamma (Beta Pi Chapter), Sigma Tau Psi or Alpha Tau Alpha?						<input type="checkbox"/> Yes <input type="checkbox"/> No		

Application continues ►

Transfer Students Only:

This section to be completed by scholarship applicants who have been admitted as transfer students for the **upcoming** academic year

Name of college(s) attended:	Major:	Number of credits transferring to FSU:	Transfer GPA:

Degree received from other college listed? Yes No If yes, list college and date received:

Local Students Only:

This section to be completed by Allegany and Garrett County residents only.

Do you have a parent who is an employee or retiree of **Mead Westvaco/New Page**? Yes No
If yes, list that parent's name:

Are you a descendant of a member, in good standing, of **American Legion Farrady Post #24**? Yes No
If yes, list name of member and relationship to you:

Are you a member of the **Chessie Federal Credit Union**? Yes No

Are you a member or a descendent of a member of **Allegany County Association for Family and Community Education** (Homemaker's Club)? Yes No

Are you a member of the **4-H Club**? Yes No

Certification:

All applicants must complete the following:

My signature below certifies that the information I have provided on this application and the attached essay are completely accurate to the best of my knowledge. My signature also gives the Frostburg State University Financial Aid Office and the FSU Foundation, Inc. permission to share information from this application with scholarship donors and the selection committee(s).

Signature _____ Date _____

Please return completed application, requested supplemental documentation (when required) and required essay(s) by March 1 to:

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For a complete listing of all scholarships available at FSU, visit our website at www.frostburg.edu/scholarships.

This listing also includes departmental scholarships. Applications for these awards must be obtained from the respective academic department.

Special Note: In regard to scholarships that require applicants with demonstrated need or participation in extracurricular activities, Frostburg State University abides by the National Collegiate Athletic Association Division III legislation pursuant to 15.4.1 (financial need requirement) and 15.4.6 (aid without consideration of need).