**GRADUATE STUDENT SCHOLARSHIPS**

**FOR ENHANCING DIVERSITY**

**APPLICATION**

**DEMOGRAPHIC INFORMATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name:** |  | **MI:** |  | **Last Name:** |  |
| **BearPass Number:** |  | **Email Address:** |  |
| **Home Address:** |  |
| **City:** |  | **State:** |  | **Zip Code:** |  |
| **Phone Number:** |  | **Date of Birth:** |  | **Sex:**  |  |

**EDUCATIONAL BACKGROUND:**

|  |  |
| --- | --- |
| **Where did you complete your Bachelor’s degree?** |  |
| **When did you graduate?** |  |
| **What was your major?** |  |
| **In which graduate program are you enrolled?** |  |
| **When is/was your first semester?** |  |

**ELIGIBILITY REQUIREMENT:**

**On which basis do you consider yourself eligible for this scholarship (check all that apply):**

|  |  |
| --- | --- |
| Historically excluded group(s)  |  |
| First-generation college graduate  |  |
| Disability |  |

**ETHNIC BACKGROUND:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **American Indian** |  | **Hispanic** |  | **Asian/Pacific Islander** |  |
| **African American** |  | **Caucasian** |  | **Other** |  |

**DISABILITY INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you have a diagnosed & documented disability?**  | Yes |  | No |  |
| If yes, briefly describe the disability and attach documentation:  |

**FAMILY BACKGROUND:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Were you raised by both parents?**  | Yes |  | No |  |
| If no, who?  | Mother |  | Father |  | Guardian |  |
| **Did your mother, father, and/or guardian graduate from college with a 4 year Bachelor’s Degree?**  |
| Yes |  | No |  |
| If yes, which?  | Mother |  | Father |  | Guardian |  |

**FINANCIAL SUPPORT:**

**What is the primary means of financial support for pursuing this graduate degree/certificate?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employment |  | Parents |  | Spouse |  | Savings |  |
| Student loans  |  | Military benefits  |  | Other |  |

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*I certify that the above information is accurate to the best of my ability, and understand that falsification can lead to revocation of the scholarship and dismissal from the University.*

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_