

**Bowie State University
Lower Shore Bowie Alumni
Scholarship Application**

1. Name of Applicant _____ Sex _____
Birth Date _____ Social Security No. _____
2. Home Address _____ Phone _____

3. Name of High School _____
4. School Address _____

5. Date Enrolled at B.S.U. _____ Classification _____
6. What is your Major? _____
7. Will you need financial aid in order to attend? _____
8. List reason(s) you will need scholarship assistance:
9. Parents' Occupation:
Father _____ Annual Income _____
Mother _____ Annual Income _____
(Total family income verification will be required for finalist)
10. Are you requesting/receiving financial aid? Yes ___ No ___
What type? _____ Amount _____
11. Please state the amount on financial aid you need. _____

12. List any extracurricular activities in which you have been involved, including length of time and offices held:

Athletics _____

Clubs _____

Special Achievement/Awards _____

Other _____

13. List names, addresses & phone numbers of three (3) responsible people (No Relatives) who may verify your sincerity of purpose and moral character.

1) _____

2) _____

3) _____

14. Submit this completed application and a transcript of your High School Records to: BSU – Lower Shore Alumni Scholarship Committee (address below) by April 15, 2017.

*Applicants already attending BSU: Submit an official record of your G.P.A., last semester and cumulative.

I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION SUBMITTED BY ME FOR SCHOLARSHIP CONSIDERATION WILL RESULT IN THE LOSS OR FORFEITURE OF ANY SCHOLARSHIP FUNDS.

_____/_____
Signature of Applicant Date

MAIL TO: Mrs. Barbara D. Butler
LOWER SHORE ALUMNI SCHOLARSHIP COMMITTEE
731 SHILOH STREET
SALISBURY, MARYLAND 21804