LEHIGH UNIVERSITY
COLLEGE OF EDUCATION
SCHOLARSHIP APPLICATION — ACADEMIC YEAR 2018/2019

Name: _____

Last   First   Middle   Lehigh Identification Number
(or SSN if LIN not assigned)

Address: _____

Street

_____

City   State   Zip Code   (Area Code) Phone Number

☐ **Male** ☐ **Female**

Are you a U.S. Citizen? ☐ **Yes** ☐ **No**

Program: _____ **Adviser:** _____ **Degree Sought:** _____

Graduate Credits
    Total Credits Completed: _____   Credits Enrolled Current Semester: _____   Graduate GPA (on a 4.0 scale): _____

Check type of current support: ☐ R A   ☐ T A   ☐ G A   ☐ Fellowship   ☐ Other   ☐ Tuition Only

Identify Source: _____   _____

Stipend   Tuition

      Semester(s) for which aid is requested: **Fall 2018**   **Spring 2019**
      Number of credits requested: _____ **Fall**   _____ **Spring**

Previous Education

Undergraduate					
Institution	Major	Degree	Date From	Date To	GPA
Graduate or Professional					
Institution	Major	Degree	Date From	Date To	GPA
Institution	Major	Degree	Date From	Date To	GPA

_____   _____
Applicant's Signature   **Date**

_____   _____
Adviser's Signature   **Date**

NOTE: • Applicants should complete this application and forward it to their adviser or program director NO LATER THAN Friday, December 15, 2017, who will forward it to the department chairperson.
          • No applications for scholarship will be considered without program recommendations.