LEHIGH UNIVERSITY
COLLEGE OF EDUCATION
SCHOLARSHIP APPLICATION — ACADEMIC YEAR 2020/2021

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 2020**   **Spring 2021**

             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

_____   _____

       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 Sunday, December 15, 2019, who will forward it to the department chairperson.
         • No applications for scholarship will be considered without program recommendations.