

2020 MARYHURST SCHOLARSHIP AWARD APPLICATION

Applicant Name _____

Address _____

City _____ State _____ Zip _____

Phone: Day (____) _____ Evening (____) _____

E-mail _____

Year(s) at Maryhurst _____ Dates _____

Highest Level of Education Completed _____

Are you a current student? _____

(If YES, in what school/institution are you enrolled?)

(If NOT currently enrolled, which do you plan to attend?)

Education Goals: *(Please include your major if applicable.)*

Academic Achievements: *(Use back for more space if needed.)*

Personal Achievements: *(Use back for more space if needed.)*

Are you currently receiving ANY form of financial aid/assistance?

YES NO

If YES, please list sources: _____

Have you previously received a Maryhurst Scholarship?

YES NO

If YES, please list sources: _____

REFERENCES

Name of Reference 1: _____

Address _____

City _____ State _____ Zip _____

Phone: Day (____) _____ Evening (____) _____

Name of Reference 2: _____

Address _____

City _____ State _____ Zip _____

Phone: Day (____) _____ Evening (____) _____

Please provide the following with your completed application

- Most current transcript (if applicable) or proof of enrollment
- Description of current financial aid and scholarships
- Short letter describing your need for educational assistance
- Short letter from **BOTH** references listed above
- Current photograph of applicant –
 - Attached to print application or emailed to address below
 - All printed photos will be returned

*Applications must be returned by **3/29/2020***

Please send forms to:

Maryhurst

attn: Lori Cecil

1015 Dorsey Lane, Louisville, KY 40223

p. 502.271.4523 | f. 502.254.7906 | e. lori.cecil@maryhurst.org

