

Personal Data

Name_____

Address_____

City_____ State_____ Zip Code_____ E-mail_____

Date of Birth:_____ ☐ Male ☐ Female ☐ Married ☐ Single

Social Security Number_____ Phone_____

High School Data

School Attended_____ Graduation Date_____

City_____ State_____ County_____

Grade Point Average_____ Class Rank_____/_____

SAT: Verbal_____ Math_____ ACT: Composite _____ English _____ Math_____

Post High School Data

College Attended_____ Enrollment Dates_____

City_____ State_____

Cumulative Grade Point Average_____ Credits Completed_____

Degree received_____

College Attended_____ Enrollment Dates_____

City_____ State_____

Cumulative Grade Point Average_____ Credits Completed_____

Degree received_____

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City_____ State_____

Cumulative Grade Point Average_____ Credits Completed_____

Degree received_____

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Please be sure to request a Financial Aid Transcript be sent to Tri-State University from each college listed above.



Awards, achievements, honors, high school activities and community involvement are considered and should be noted on a separate sheet.

**Parent or Spouse
Data**

Father's Name:_____Address:_____

Father's Employer:_____Occupation:_____

Mother's Name:_____Address:_____

Mother's Employer:_____Occupation:_____

Spouse's Name:_____Occupation:_____

References

List two individuals who may provide a personal reference.

Name:_____Address: _____

Name:_____Address: _____

**Indiana Residents
Only**

☐ I plan to graduate with the Academic Honors Diploma.

☐ I am a 21st Century Scholarship participant.

☐ I am enrolled in the Core 40 curriculum.

**Tri-State
University Data**

When will your enrollment at Tri-State University begin?_____

What do you plan to study at Tri-State University?_____

Do you plan to live in University housing?_____

Do you plan to play on an athletic team at Tri-State University?____If yes, name the sport(s) of your choice:_____

Do you intend to file the Free Application for Federal Student Aid (FAFSA)? ☐ Yes ☐ No

Name and address of your hometown newspaper:_____

I give permission to release scholarship information for publication.

Signature_____

I certify that the information provided on this application is true and correct and give my permission to the Scholarship Selection Committee to review and verify this information. I further agree to release information about myself and my academic record at Tri-State University to organizations or individuals who provide scholarship assistance for my attendance. I understand that I may be obligated to correspond with scholarship donors. If I should fail to abide by this criteria, I will forfeit the award.

Student's Signature_____Date_____

I authorize the office of financial aid to release award information as needed to persons or organizations considering me for financial assistance. This may include admission staff, coaches and faculty members who are recruiting or trying to assist me.

Student's Signature_____Date_____

Parent's Signature_____Date_____

*Tri-State University does not discriminate on the basis of
race, sex, color, national origin, religion, age or
physical/mental handicap in employment or educational programs and activities.*