

STUDENT SCHOLARSHIP APPLICATION FORM

Murray State University | Center for TSM | 207 Industry and Technology Center | Murray, KY 42071 |
270-809-3987 | 270-809-5391 | www.murraystate.edu/tsm/cybercave

Instructions:

Please print clearly the following information. Mail in completed application, with all applicable signatures, to address above, Center for TSM. If this form is incomplete, inaccurate, or not signed, it will not be considered.

Personal Information:

Applicant Name: _____

Home Address: _____

City: State: Zip: _____

Home Phone: () _____ Work Phone: () _____

E-mail: _____

Education:

H.S. Attending: _____

City: State: Zip: _____

Freshman

Sophomore

Junior

Senior

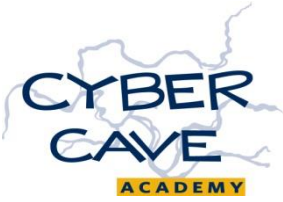
GPA: _____ Anticipated Graduation: _____

Teacher Reference: _____

Work Phone: () _____ Fax: () _____

E-mail: _____





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Questions: (Please attach any additional sheets as needed with your name on them.)

1. What awards, or recognitions have you received? List those achievements specifically related to your area of academic interest.

2. Please describe activities and work experience other than those directly related to your high school or college experience. You may list community service, church work, part-time or full-time employment.

3. Write a short essay (one page only) on a separate sheet about yourself explaining your family background, personal interest, what you plan to study and why you want to further your education.

CERTIFICATION:

I certify that all the information included in this application is true and complete. I hereby grant permission to the Center for Telecommunications Systems Management to verify such information and to release information to the donor or potential donor of any scholarship for which I may be eligible.

Signature

Date

