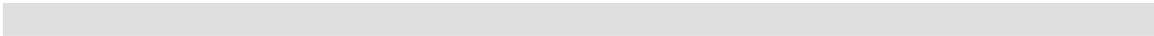


CAROL A. CARTWRIGHT PWKSU SCHOLARSHIP
APPLICATION



	<u>Semester</u>	<u>Year</u>
Name _____	Social Security # _____	
Address _____	Home Phone _____	
_____	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)
Employer _____		
Address _____	Business Phone _____	
_____	Position _____	
City State Zip	Years with Employer _____	
Spouse's Employer _____	Phone _____	
Address _____	Position _____	
_____	Years with Employer _____	
City State Zip		
High School Attended _____	Year Graduated _____	

Colleges or Universities previously attended:

	<u>Institution (s)</u>	<u>Dates (Years)</u>	<u>Hours Completed</u>	<u>G.P.A.</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Kent State History: Total Hours Completed Major G.P.A.

Date of Entry or Re-entry to KSU _____

Month Year

Birth Date _____

Statement of Financial Need (Include any relevant information that impacts your financial circumstances, i.e. family income, (applicant and spouse, if applicable), number of dependent children, child care costs, caring for elderly parents or other family, etc. The Scholarship Committee reserves the right to ask for verification):

