

TRIO SCHOLARSHIPS
Walter O. Mason Education Foundation
Southwest Association of Student Assistance Programs (SWASAP)
Oklahoma Division of Student Assistance Programs (ODSA)
PRE-COLLEGE SCHOLARSHIP APPLICATION (UB, UBMS & ETS)

Completion of this application qualifies the applicant for all scholarship awards listed above.

The amount of the scholarship award is based on enrollment status (i.e. Full award for full-time enrollment)

APPLICANT DEADLINE DATE: August 21, 2009 (Received by). SCHOLARSHIP AWARD DATE: After September 21.

Application will not be considered if all required attachments (see Section VI) are not submitted.

COMPLETED APPLICATION MUST BE TYPED OR PRINTED IN INK AND RETURNED TO:

State Scholarship Chairperson
Rosario Riley
University of Central Oklahoma
100 N. University Dr, Box 95
Edmond, OK 73034
405.974.3608
405.974.3881 (fax)

I. PERSONAL HISTORY Birth Date: _____ Telephone No. _____

Name: _____
Permanent Mailing Address: _____ City _____ State _____ Zip _____

II. ACADEMIC ACHIEVEMENTS List in chronological order the high school or institution(s) attended :

Name & Location of High School/Institution	Dates of Attendance/College Hrs Completed	Cumulative GPA & Class Rank

III. POSTSECONDARY PLAN (Circle One) Presently Accepted (or) Plan to Apply

College/Institution	Location	Date of Entry

IV. PROGRAM AFFLIATION AND EDUCATIONAL GOAL

TRiO Program	Institution	Director	Active Dates

V. GOALS STATEMENT – Attach a statement describing educational and career goals in 100-250 words.

VI. REQUIRED ATTACHMENTS

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| 1. Proof of TRiO program participation (copy of original intake form). | 5. Club/ Organization/Church/Community Groups involvement |
| 2. A letter of personal reference from program director or counselor. | 6. Leadership (Offices held/Length of term/Accomplishments). |
| 3. Copy of current high school academic transcript. | 7. Service Learning/Volunteerism/Community Service |
| 4. Copy of ACT/SAT admission scores. | |

APPLICANT SIGNATURE _____

DATE _____

COMMITTEE USE ONLY. DATE RECEIVED _____
