

APPLICATION FOR SCHOLARSHIP
MATHEMATICS AND COMPUTER SCIENCE DEPARTMENT

Please print or type the information requested below.

Name _____ Date _____

Address _____

Telephone _____

Academic Major and Life Goal:

Academic Honors:

Names and addresses of two faculty members or administrators you will ask for letters of recommendation. (Click here for letter of recommendation form.)

1. Name _____

Address _____

2. Name _____

Address _____

If you are a new entering freshman, please send this application and a copy of your high school transcript to the address below by March 1.

If you are a returning or transfer student, please send this application and copies of all college transcripts to the address below by March 1.

Letters of recommendation should be sent to the same address no later than March 1.

Chair of the Scholarship Committee
Department of Mathematics and Computer Science
Augusta State University
2500 Walton Way
Augusta, GA 30904-2200

Announcement of the award will ordinarily be made by May 1.