

# **SVSU FACULTY ASSOCIATION**

## **"CHRYSALIS" SCHOLARSHIP FUND**

### **MINIMUM QUALIFICATIONS:**

- Enrolled in a recognized degree program at SVSU
- Over 25 years of age
- Have successfully completed at least 12 credit hours at SVSU
- At least a 3.0 grade point average at SVSU

### **APPLICATION FORM**

**NAME:** Mr. Ms. Mrs. Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**ADDRESS:** Number-Street \_\_\_\_\_

**City-State-Zip:** \_\_\_\_\_

**STUDENT INFORMATION:** Student No. \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

Cumulative GPA at SVSU: \_\_\_\_\_

Credit hours completed at SVSU: \_\_\_\_\_ Credit hours completed at another college/university: \_\_\_\_\_

Are you a full-time or part-time SVSU student?     Full-time     Part-time

Have you previously applied for a Chrysalis Scholarship?     Yes     No

If you previously received a Chrysalis Scholarship, indicate the amount you received: \_\_\_\_\_

### **REQUIRED:**

- Attach separately an essay of 300 or fewer words describing your career goals, need for the scholarship, and the reason(s) you should be considered a non-traditional student.
- Provide two recommendations using the attached forms. It is suggested that at least one recommendation be an SVSU full-time faculty, administrator, or staff member.

INFORMATION RELEASE: I hereby give my permission to release information concerning my academic performance to the SVSU Faculty Association Chrysalis Scholarship Selection Committee. The above information is correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

***Submit this application and supporting documents by February 24, 2012 to:***

**Saginaw Valley State University  
Office of Scholarships and Student Financial Aid  
141 Wickes Hall  
7400 Bay Road  
University Center, MI 48710**

# SVSU FACULTY ASSOCIATION CHRYSALIS SCHOLARSHIP RECOMMENDATION FORM

Student's Name: \_\_\_\_\_

You have been asked to provide information in support of the above individual who is applying for the SVSU Faculty Association Chrysalis Scholarship. This scholarship is designed to assist students who do not fit the traditional college student profile (e.g., those who are over 25, single parents, seeking second careers, or in other non-traditional situations).

What qualities and characteristics does the applicant possess which enables him/her to be a successful student?

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As the scholarship committee reviews this application, what factors or circumstances do you feel warrant special consideration?

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Other comments:

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Please return this form (it may be in a sealed envelope) to the applicant so that he/she may submit it as part of a total package.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Position \_\_\_\_\_

# SVSU FACULTY ASSOCIATION CHRYSALIS SCHOLARSHIP RECOMMENDATION FORM

Student's Name: \_\_\_\_\_

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Other comments:

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