



COLLEGE OF HEALTH AND HUMAN SERVICES  
 SAGINAW VALLEY STATE UNIVERSITY  
 WICKES HALL 365, 7400 BAY ROAD  
 UNIVERSITY CENTER, MICHIGAN 48710 • (989) 964-4145

**DUE BY APRIL 15TH**

# SCHOLARSHIP APPLICATION

PLEASE USE A TYPEWRITER OR PRINT LEGIBLY. RETURN COMPLETED FORM TO THE ADDRESS ABOVE.

1. Are you currently receiving financial assistance through SVSU or the College of Health and Human Services at SVSU? (Please specify) \_\_\_\_\_ Date of Application \_\_\_\_\_

2. For what type(s) of financial assistance do you believe you are eligible? Please check the specific financial resource(s) for which you wish to be considered.
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Need-based*</b>  | <input type="checkbox"/> <b>Achievement-based</b>                  | <input type="checkbox"/> <b>Either/Both (Need and/or Achievement-based)</b> |
| <input type="checkbox"/> Don & Iva Bellinger | <input type="checkbox"/> Block                                     | <input type="checkbox"/> Any resource available                             |
| <input type="checkbox"/> Kakarla-Maganti     | <input type="checkbox"/> Goetz Memorial                            | <input type="checkbox"/> Michigan Dept. of Consumer & Industry Service      |
| <input type="checkbox"/> Ann Wintermyer      | <input type="checkbox"/> Hansel Memorial                           |   |
| <input type="checkbox"/> Barbara Ann Divine  | <input type="checkbox"/> Royal Foundation                          |   |
|  | <input type="checkbox"/> Walker                                    |   |
|  | <input type="checkbox"/> Jurgens                                   |   |
|  | <input type="checkbox"/> USWA for Health Care                      |   |
|  | <input type="checkbox"/> USWA in Human Services (Social Work Only) |   |
|  | <input type="checkbox"/> Field Neuroscience                        |   |
|  | <input type="checkbox"/> Margaret A. Warner                        |   |
|  | <input type="checkbox"/> Allyn Scholarship (Social Work Only)      |   |

**\*Requires completion of the Free Application for Federal Student Aid (FAFSA)**

3. Have you completed the Free Application for Federal Student Aid to receive financial assistance through SVSU? (Indicate semester and year)  
 No  Yes, \_\_\_\_\_ Semester \_\_\_\_\_ Year

4. Personal Information:

\_\_\_\_\_  
 Last Name First MI SVSU Student ID Number

\_\_\_\_\_  
 Street Address (while attending SVSU)

\_\_\_\_\_  
 City State Zip Code County (\_\_\_\_\_) Telephone Number  
 Area Code

\_\_\_\_\_  
 Permanent Home Address \_\_\_\_\_ / / \_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 City State Zip Code County (\_\_\_\_\_) Telephone Number  
 Area Code

5. What level of higher education have you achieved to date? (Check all that apply)

Previously enrolled at SVSU or other school/college/university - Last date enrolled: \_\_\_\_\_ GPA \_\_\_\_\_

Degree or certificate completed at SVSU or other school/college/university

Specify degree/certificate, location and date completed: \_\_\_\_\_

\_\_\_\_\_ GPA \_\_\_\_\_

\_\_\_\_\_ Are you qualified to work as a LPN or Certified Nursing Assistant? Yes No

\_\_\_\_\_ Are you a Tendercare Health Center of Frankenmuth employee? Yes No

- Currently enrolled at SVSU - Class Standing:
- |                                    |   |                                    |
|------------------------------------|---|------------------------------------|
| <b>Undergraduate Basic</b>         | <b>Undergraduate RN</b>                   | <b>Graduate</b>                    |
| <input type="checkbox"/> Freshman  | <input type="checkbox"/> Junior           | <input type="checkbox"/> Full-Time |
| <input type="checkbox"/> Sophomore | <input type="checkbox"/> Senior           | <input type="checkbox"/> Part-Time |
| <input type="checkbox"/> Junior    | <input type="checkbox"/> <b>Full-Time</b> |                                    |
| <input type="checkbox"/> Senior    | <input type="checkbox"/> <b>Part-time</b> |                                    |

Major: \_\_\_\_\_

Admitted to \_\_\_\_\_ Program at SVSU - Semester and year: \_\_\_\_\_ Semester \_\_\_\_\_ Year

6. When do you expect to graduate from SVSU? \_\_\_\_\_ Semester \_\_\_\_\_ Year

7. For how many people are you financially responsible? (Check all that apply)  
 \_\_\_\_\_ self \_\_\_\_\_ family of origin \_\_\_\_\_ spouse/significant other \_\_\_\_\_ children

8. What resources do you currently have/use to support your education?

9. Briefly, what was your plan to support your education?

10. In one sentence, what is the major benefit to you receiving financial assistance?

This information is complete and accurate to the best of my knowledge:

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Student Signature

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Date

SVSU does not discriminate based on race, religion, color, gender, sexual orientation, national origin, age, physical impairment, disability or Vietnam -era status in the provision of education, employment and other services.

**DUE BY APRIL 15<sup>TH</sup> EACH YEAR FOR FINANCIAL ASSISTANCE THE FOLLOWING FALL AND/OR WINTER.**

4/02; 3/03; 10/04; 3/05; 6/08; 3/09; 4/10