

SVSU FACULTY ASSOCIATION "CHRYSALLIS" 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 Chrysallis Scholarship? Yes No

If you previously received a Chrysallis 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 Chrysallis 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 29, 2008 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 CHRYSALLIS 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 Chrysallis 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?

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

Other comments:

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 CHRYSALLIS 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 Chrysallis 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?

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

Other comments:

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 _____