

ERNEST L. KNIGHT ENDOWED SCHOLARSHIP

Scholarship Application

NAME _____
Last First Middle

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE () _____ DATE OF BIRTH _____

CAMPUS ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CAMPUS TELEPHONE () _____ E-MAIL _____

CLASSIFICATION _____ MAJOR _____

CUMULATIVE GPA _____ EXPECTED DATE OF GRADUATION _____

EXTRACURRICULAR ACTIVITIES _____

HONORS/AWARDS _____

FINANCIAL ASSISTANCE PRESENTLY RECEIVED _____ AMOUNT _____

NAME OF PARENTS OR GUARDIANS _____

ADDRESS _____
City State Zip Code

TELEPHONE _____

PLEASE LIST TWO REFERENCES

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone _____	Telephone _____

SIGNATURE _____ DATE _____