SOUTHERN UTAH UNIVERSITY
STAFF ASSOCIATION SCHOLARSHIP APPLICATION

Academic Year for this Application: 2018-2019

Part A – Student Information

Last Name _____ First Name _____ Middle Initial _____

T Number _____ Email _____ Gender _____

Local Address _____ Local Phone _____

Permanent Address _____ Cell Phone (if not local phone) _____

Current GPA _____ Total College Credits Earned _____ (include transfer credits)

Major _____ Minor _____

High School Attended _____ Date Graduated _____

Other Colleges Attended _____ Date Attended _____

_____ Date Attended _____

Other Financial Aid: $_____ Type(s) (i.e. scholarship, grant, etc.): _____

Part B – Recommendations, Achievements and Goals

Name and signature of staff member nominating you for this scholarship.

Employee's Name _____ Department _____

Employee's Signature _____