

# FILM STUDIES DEPARTMENT

## DEPARTMENTAL SCHOLARSHIP APPLICATION FORM

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Address (include city, state, zip): \_\_\_\_\_  
\_\_\_\_\_

Campus or Local Address (include city, state, zip): \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Dragon ID: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Advisor: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

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

Current Overall GPA: \_\_\_\_\_ Overall Major GPA: \_\_\_\_\_

Credits earned by the end of this academic year: \_\_\_\_\_

**Please type your response to the following on a separate sheet of paper:**

1. What do you feel qualifies you for this scholarship?
2. List and describe departmental, university, and community activities, achievements, and awards.
3. How would this scholarship help you attain your goals, and what impact would these goals have on the department?

**Please attach:**

1. Your response to the three questions listed above;
2. A copy of your current academic transcript.

**Please submit all materials to the department chair in CA 116.**

**Your application must be fully completed upon submission to be considered.**

**This application is due by February 27.**