



GRADUATE STUDIES
COLLEGE OF ARTS & SCIENCES
APPLICATION FOR HISTORY TUITION SCHOLARSHIP

Name: _____ Date: _____

Banner ID: _____ E-mail address: _____

1. Graduate Degree Program: _____

2. Semester scholarship would apply: Fall ____ Spring ____ Summer ____ Year _____

3. Intended course to which you would apply this scholarship: Course No _____ Title _____

4. JCU History course(s) used as the basis for GPA: _____
(include courses in which currently enrolled)

5. By signing below, I acknowledge that I understand that this scholarship must be renewed each year on a competitive basis and that its renewal is not guaranteed. I also agree that if I withdraw from a course or if I receive below a 3.0, I will no longer be eligible for the scholarship.

(Signature)

(Date)

Please submit completed form to address below, or fax to: 216-397-4175, ATTN: Dr. David Robson or email as an attached document to: robson@jcu.edu.