

JOHN CARROLL UNIVERSITY
International Student Scholarship Application

Name: _____

Address: _____

Phone: _____

E-mail Address: _____ High School: _____

TOEFL/IELT Score: _____ SAT Score: _____ ACT Score: _____

Names and Ages of Siblings: _____

Extracurricular Activities: _____

Leadership Qualities: _____

Please submit a 250-300 word essay, typewritten and double-spaced, explaining your expectations of John Carroll and how the University will benefit from your involvement.

All applications must be postmarked by May 15 and returned to:

Rebecca Dinnen, Director of Transfer and International Admission

Office of Admission

John Carroll University

1 John Carroll Boulevard

University Heights, OH 44118