



THE BROTHER JERRY LESSARD ALUMNI SCHOLARSHIP APPLICATION

**DEADLINE FOR APPLICATION:
February 13, 2019**

ELIGIBILITY CRITERIA:

- ☐ Must be enrolled in the School of Professional Studies, and have successfully completed at least 18 credit hours at Walsh University
- ☐ Minimum 3.0 cumulative GPA
- ☐ Financial Need
***Must complete FAFSA & Walsh University Application for Financial Aid by deadline**
- ☐ Non-traditional students 25 years of age or older are eligible
- ☐ Renewable (Provided student maintains eligibility and completes the application process annually)
- ☐ Attach a current resume
- ☐ Must submit an essay of 5-6 pages, double spaced, on "Why are you deserving of this scholarship." (Include if you are a first time college attendee in your family, your goals, your plan for the future, and how this degree will help you meet your goals.)
- ☐ Prospective Applicants may have the opportunity to be interviewed

Please do not remove cover sheet

WALSH UNIVERSITY
THE BROTHER JERRY LESSARD ALUMNI SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Name _____

Student ID _____ or SS# _____

Home Address _____
STREET CITY STATE ZIP

E-Mail address _____

Phone Number _____

COLLEGE INFORMATION

Are you enrolled in the School for Professional Studies? ____ Yes ____ No

Have you completed at least 18 credit hours at Walsh University? ____ Yes ____ No

Cumulative Grade Point Average _____

I will complete graduation requirements by _____

EXTRA-CURRICULAR ACTIVITIES

Please list activities and organizations in which you have participated:

ESSAY – Please attach an essay of 5-6 pages, double spaced, on “Why are you deserving of this scholarship.” (Include if you are a first time college attendee in your family, your goals, your plan for the future, and how this degree will help you meet your goals.)

****Please attach a current resume.****

If selected for this scholarship, you have my permission to send a press release to local papers acknowledging my award. The local paper for my community is _____ Your signature: _____

I agree that the information provided is true and I agree to allow the Scholarship Committee to verify any or all information with the appropriate campus offices.

Signature _____ Date _____