



## THE ANGELA & TOM SCHERVISH ENDOWED SCHOLARSHIP APPLICATION

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

### **ELIGIBILITY CRITERIA:**

- ☐ 2.0 cumulative GPA or higher
- ☐ Financial Need  
**\*Must complete FAFSA & Walsh University  
Application for Financial Aid by deadline**
- ☐ Preference given to juniors and seniors
- ☐ Applicants must major in a business-related field
- ☐ Traditional and non-traditional students eligible
- ☐ Renewable (provided recipient maintains eligibility criteria)

**\*Please do not remove cover sheet\***

**WALSH UNIVERSITY**  
THE ANGELA & TOM SCHERVISH ENDOWED SCHOLARSHIP

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**PERSONAL INFORMATION**

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Name \_\_\_\_\_

Student ID \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_  
STREET CITY STATE ZIP

Do you plan to live on campus? ☐ Yes ☐ No

Phone Number \_\_\_\_\_

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**COLLEGE INFORMATION**

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Current Class Standing: ☐ Senior ☐ Junior ☐ Sophomore

Degree \_\_\_\_\_ Program \_\_\_\_\_ Major \_\_\_\_\_

Cumulative Grade Point Average \_\_\_\_\_ Fall Semester Grade Point Average \_\_\_\_\_

I will complete graduation requirements by \_\_\_\_\_

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**EXTRA-CURRICULAR ACTIVITIES**

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Please list activities and organizations in which you have participated at Walsh:

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List all non-college related activities: \_\_\_\_\_

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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 \_\_\_\_\_

***Please return to Carmela Bendetta, Scholarship Coordinator***  
Walsh University, 2020 East Maple Street, North Canton, OH 44720-3336 • Email: [cbendetta@walsh.edu](mailto:cbendetta@walsh.edu)  
Questions: 330-490-7596