

Diversity Scholarship Application Form

Applicant's Name _____

Address _____ City _____ State _____ Zip _____

Phone Number: _____ E-mail _____

Ethnic Minority Background:

- _____ Asian
- _____ American Indian/Alaska Native
- _____ African American/Black
- _____ Hispanic/Latino
- _____ White
- _____ Other (please specify) _____

Gender:

- _____ Male
- _____ Female

US Status:

- _____ Citizen
- _____ Permanent Resident

- Currently Attending College Will Attend in Fall 2010

Name the degree program and college where you attend/plan to attend.

College (include city/state) _____ Degree Program _____

SAT / ACT Score _____ High School GPA _____ out of _____ College GPA _____ out of _____
(circle one) (If Taken)

High school (please include city/state) _____ Graduation (Month/Year) _____

My rank in my high school graduation class is/was number _____ out of a class of _____ (if graduated in the last 5 years)

What special recognition have you received for academic and/or extracurricular work such as honors, contests, or awards? Please include the date recognition was received. You may attach an additional sheet of paper to this application if necessary.

Recognition	Month/Year
_____	_____
_____	_____
_____	_____

List your extra curricular activities. Include organized in and out-of school activities. Indicate the year(s) you participated and leadership roles you have held. You may attach an additional sheet of paper to this application if necessary.

Activity/Club/Leadership Role	Year(s) of participation
_____	_____
_____	_____
_____	_____

Please list any work experience (include part-time & summer work). Please list employer(s), position, and dates of employment. You may attach an additional sheet of paper to this application if necessary.

Employer/Position	Dates of Employment
_____	_____
_____	_____
_____	_____

Please indicate other scholarship(s) and/or financial aid you have been awarded and the amounts awarded: You may attach an additional sheet of paper to this application if necessary.

Note: You are to assume responsibility for keeping CLSS informed of any other tuition aid you receive.

The information contained in this application is true to the best of my knowledge and belief. I understand and agree that any misrepresentation or false statement by me in connection with this application will constitute justifiable cause for Carleton Life Support Systems to deny my application or discontinue any scholarships awards given me.

Name Date