

Harland C. Stonecipher School of Business

Scholarship Application Form

**NOTE: To be eligible for a scholarship, this form must be completely filled out and typed, handwritten submissions will not be accepted. If an item is not applicable, type “N/A”.**

**Submissions should be sent to [audjbal@ecok.edu](mailto:audjbal@ecok.edu) from your student account.**

**DEADLINE: February 1st**

ECU Student ID Number:

First, Middle and Last Name:

Preferred Name:

Preferred E-mail Address:

Preferred Phone Number:

Address:

City, State, Zip Code:

Your Major/Concentration:

Your ACT or SAT Score:

Credit Hours **Completed**:

Your Current GPA:

Number of Hours Currently Enrolled:

Indicate the Semester and Year You Plan to Graduate:

Indicate What You Are Applying for (**Check All That Apply**):

\_\_ Distinguished/Outstanding Graduate

\_\_ Top Senior, Junior, Sophomore, or Freshman

\_\_ Graduate Scholarship

\_\_ Undergraduate Scholarship

**SECTION II. PAST AND PRESENT INVOLVEMENT**

Please describe, in list form using the numbers below, your past and present involvement in any **Post-High School** ECU, Stonecipher School of Business, Department of Accounting or Business Administration, and/or Community activities and organizations. Include any leadership roles and/or honors or recognitions you have received. You are encouraged to briefly describe what you did for each item listed. (Add more numbers if you need more/omit any you do not need):

1.

2.

3.

4.

5.

**III. HIGHER EDUCATION INFORMATION**

List College(s) and Date(s) Attended (INCLUDING ECU) with one college and dates per line (add more if you need more / omit any you do not need):

College: Dates Attended:

College: Dates Attended:

College: Dates Attended:

College: Dates Attended:

College: Dates Attended:

**IV. (OPTIONAL) WORK AND FAMILY RESPONSIBILTIES**

We realize that for many students work and family responsibilities keep them from being involved as much as they would like to be. We believe that family must come first and, if appropriate, want to consider this in selecting students for recognition and/or scholarships. In the space below please describe your work and family responsibilities if they are significant and you want them to be considered. This includes where you work, your position, how many hours you work a week, and whatever else you want to share. Also include if you are a commuter and how far you commute to school. If you have some family responsibilities in that you are responsible for others, please describe your responsibilities.

Work Responsibilities:

Commute:

Family Responsibilities:

**V. ADDITIONAL REQUIRED INFORMATION**

The following information is requested from the Publication Information Office for publicity purposes:

Hometown:

Father’s First and Last Name:

Father’s Street Address:

City, State and Zip Code:

Mother’s First and Last Name:

Mother’s Street Address:

City, State and Zip Code:

**SECTION VI: PERMISSION TO RELEASE INFORMATION / STATEMENT OF UNDERSTANDING**

With the electronic submission of this application for recognition and/or scholarship, I hereby give the Stonecipher School of Business at East Central University permission to release all personally identifiable information related to this application to potential scholarship donors, and permission to disclose my GPA and non-academic information to the donor of any scholarship I might receive as long as I am applying for or receiving such assistance. Further, in the event that I am recognized or awarded a scholarship, I hereby grant permission to the organization and to the university to make a public disclosure of said award, including, but not limited to, the release of scholastic achievement and other activities listed in this application and personally identifiable information from my educational record. For this purpose, I hereby waive my right of privacy as established by the Family Educational Rights and Privacy Act of 1974 and all amendments thereto and office interpretations thereof.

I understand that to receive any scholarship for which I might be selected to receive I must be an Accounting or Business Administration major and enrolled in classes appropriate toward my degree at ECU. Any questions about appropriate classes will be determined by the Awards and Scholarship Committee. I further understand that for my scholarship to be granted or renewed I may be asked to provide documentation of my involvement in Department, School, University, and/or Community activities during the term of the scholarship.

**I indicate the above by submitting this form with my name typed below.**

First Name, Middle Name or Initial, Last Name:

Date: