

MARYLHURST UNIVERSITY  
 FINANCIAL AID OFFICE  
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## GRADUATE SCHOLARSHIP APPLICATION MASTER OF ARTS IN ART THERAPY COUNSELING

### ELIGIBILITY AND APPLICATION

Students who have applied for admission or have been admitted into the **ART THERAPY COUNSELING PROGRAM** are eligible to apply for this scholarship. This **APPLICATION** form should be completed and returned to the Financial Aid Office. Applications are due **March 31, 2009**.

Applicants must also **complete the Free Application for Federal Student Aid (FAFSA)** with Marylhurst University listed as the college she/he plans to attend.

### SELECTION OF RECIPIENTS AND TERMS OF THE SCHOLARSHIP

Recipients are selected by the Art Therapy Counseling Department and will be notified during the months of April and May. Scholarships are awarded for one academic year and may include summer term. Recipients must be enrolled in at least five credit hours of graduate-level work each term during the scholarship period. If, during a term, the scholarship recipient drops below five credit hours or withdraws from the University, the scholarship will be cancelled and the recipient will be responsible for paying the full tuition and fees for the term. Scholarships are renewable one time but recipients must reapply and must be making superior academic progress to be eligible for renewal for one additional year.

### TO BE COMPLETED BY THE STUDENT

APPLICANT NAME		SSN	DATE
STREET ADDRESS		CITY & STATE	ZIP CODE
TELEPHONE ( ) _____	EMAIL ADDRESS		SEX (OPTIONAL) ____ MALE ____ FEMALE
GRADUATE MAJOR	TERMS OF ATTENDANCE (CHECK ALL THAT APPLY) ____ FALL ____ WINTER ____ SPRING ____ SUMMER		
PREDOMINANT CULTURAL/ETHNIC BACKGROUND (OPTIONAL) ____ CAUCASIAN (NOT HISPANIC)      ____ HISPANIC      ____ AFRICAN AMERICAN ____ NATIVE AMERICAN / ALASKAN NATIVE      ____ ASIAN / PACIFIC ISLANDER      ____ OTHER _____			

### CERTIFICATION

I certify that all information I have provided with this scholarship application is true and complete to the best of my knowledge. I understand that selection committees will review information on this scholarship application, my transcripts, and my need for financial assistance based on a federally approved need analysis. If selected for a scholarship, I give permission for a publicity release.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY THE ACADEMIC DEPARTMENT

ADMITTED TO PROGRAM? ____ YES (date) _____      ____ NO      ____ PENDING	RECOMMENDED FOR SCHOLARSHIP? ____ YES      ____ NO      Comments:
SIGNATURE: DEPARTMENT CHAIR	DATE FORWARDED TO FINANCIAL AID