

MARYLHURST UNIVERSITY
 FINANCIAL AID OFFICE
 17600 Pacific Highway (Hwy. 43)
 P.O. Box 261
 Marylhurst, OR 97036-0261
 503.699.6253; 1.800.634.9982
 FAX: 503.635.6585
 finaid@marylhurst.edu; www.marylhurst.edu



GRADUATE SCHOLARSHIP APPLICATION

ELIGIBILITY AND APPLICATION

Students who have been admitted or have completed all application requirements to be admitted into **the Master of Arts in Applied Theology (MAAT), the Master of Divinity (M.Div.), the Master of Arts in Interdisciplinary Studies (MAIS), the Master of Arts in Teaching (MAT), the Master of Education (M.Ed.) or the Master of Business Administration (MBA)** are eligible to apply for this scholarship. This application and the required essay (described below) should be completed and returned to the Financial Aid Office. Applications are accepted through **July 1, 2009**, for the **2009-2010 academic year**. The application for admission to the graduate program should be completed well in advance of July 1, 2009.

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

REQUIRED ESSAY

Applicants must complete an essay describing educational, career and personal goals, and explain how a Marylhurst graduate degree will contribute to these goals (300 words or less).

SELECTION OF RECIPIENTS AND TERMS OF THE SCHOLARSHIP

Recipients are selected by the Graduate Studies College in conjunction with the Financial Aid Office as all scholarships are based on financial need. Recipients will be notified in early September. These 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.

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