



Scholarship Application Form

Student Information

Name:

Address:

State:

Zip Code:

Cell Phone Number:

Email:

TRIO Program Affiliation

University:

Program Name:

Location:

Director:

Email:

Indiana TRIO scholarships applicant wishes to apply for:

☐ Cheryl L. Berry Pre-College

☐ Board of Directors College Full-Time

☐ Indiana TRIO Pre-College

☐ Board of Directors College Part-Time

☐ Textbook Pre and College Level

☐ Melida S. Chen Pre-College

Student Academic Information (at time of application)

☐ Current High School Student

☐ College Junior

☐ College Freshman

☐ College Senior

☐ College Sophomore

☐ Graduate Student

Anticipated Graduation Date:

Major:

Anticipated Career:

Current accumulative GPA:

All scholarships require a minimum GPA of 2.5/4.0. Please include unofficial transcripts with submission.

I affirm the information provided by me and contained within this scholarship application is correct and accurate. I understand that any misrepresentation in this submission will disqualify me from consideration as an Indiana TRIO scholarship candidate. My signature below certifies my voluntary submission of this application:

Student Signature: _____ Date: _____