

School of Continuing Education

Part-time Student Scholarship Application

Name of Applicant _____ Student ID _____

Mailing Address _____

Work Telephone _____ Home Telephone _____ Cell # _____

Scholarship requested for: Spring Fall Wintersession Summer Year _____

- Marital Status: Single Married Separated Divorced
- Number of Dependents/Children _____
- Annual Income _____ Source of income _____
- Semester/Year admitted to Eastern _____ Major/Program of Study _____
- G.P.A. _____
- Do you have an undergraduate baccalaureate degree? Yes No
- If you are receiving financial aid from another source, please specify:

- **Have you received a School of Continuing Education Scholarship before? If yes, when _____**

ELIGIBILITY:

Be an active registered part-time student during the semester you are requesting a scholarship for (less than 12 credits per semester)

Must have filed a FASFA form (Free Application for Federal Student Aid)

<http://www.fafsa.ed.gov/>

Submit a copy of your most recent income tax form (1040 or 1040A) with application

NARRATIVE:

Please provide a **typed narrative** of why you wish to continue your education and also include a description of your financial need.

Return to:

ESCU

Gloria Roby, Scholarship Coordinator

School of Continuing Education- Shafer Hall Rm 100

83 Windham Street

Willimantic, CT 06226-2295