

FRANCISCAN UNIVERSITY OF STEUBENVILLE
AFRICA SCHOLARSHIP APPLICATION FORM

NAME: _____ DATE: _____

PERMANENT ADDRESS: _____

EMAIL ADDRESS: _____

ENROLLMENT STATUS: Full time/ Part time PHONE#: _____

Please complete this form in its entirety. **Applicants must answer all of the questions contained on this form.**

Because of the limited amount of resources available, an applicant is not assured a scholarship award simply by meeting the requirements. The scholarship committee will use all available information when determining an award.

1. PLEASE EXPLAIN YOUR ACADEMIC ACCOMPLISHMENTS:

2. ARE YOU INVOLVED IN ANY WORKS OF MERCY, COMMUNITY SERVICES OR EXTRACURRICULAR ACTIVITIES?

3. WHAT ARE YOUR CAREER PLANS, PERSONAL GOALS AND OBJECTIVES (PLEASE EXPLAIN)

4. PLEASE TELL US MORE ABOUT YOURSELF:

5. PLEASE EXPLAIN HOW YOU QUALIFY FOR THE SCHOLARSHIP
THAT YOU ARE APPLYING FOR:

6. PLEASE EXPLAIN YOUR FINANCIAL NEED: