

CEDARVILLE

Graduate Programs

SCHOLARSHIP APPLICATION

Personal Information

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

E-mail address _____

Scholarship Information

Please indicate the type of scholarship for which you are applying:

- Alumni (for Cedarville University graduates)
- Christian School Association
- Need-based

Term for which you are applying for financial aid: (Circle) Summer Fall Spring Year: _____

If this is a scholarship renewal (other than need-based), you may skip the next four sections and just sign and date this form on the back.

Academic Information

Please check the statements that describe the goals you plan to achieve by taking graduate courses at Cedarville:

- Earn the Master of Education (M.Ed.)
- Satisfy state curriculum or other certification requirements
- Take courses for professional development or personal enrichment
- Transfer credits to a graduate program at another institution
- Other: _____

Work Information

Present employer _____

Work address _____
Number and Street City State Zip

Supervisor's name _____ Work Phone (____) _____

Financial Information

Approximate adjusted gross income (family):

- <\$20,000
- \$20,000 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- >\$60,000

Number of dependents living in your household (not including yourself or a working spouse) _____

Note: *In order to receive priority consideration for available scholarships, the application should be post-marked 30 days prior to the start of the applicant's first class.*

Scholarship Application

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