SCHOLARSHIP APPLICATION
(Hovde-O'Brien, Gonyea-Stewart, Yvonne Chenoweth Cooke, Betty Rae McConnell, Constance O. Bakken, Clarice J. Olson and Karen Karni)

NAME _____ (Print)
Last First Middle Initial

ADDRESS _____
Number Street

_____
City State Zip Code

E-mail Address _____

Home Phone No. ( ) _____ Work Phone No. ( ) _____

U of M Student ID Number _____

Citizen and VISA Type:

___ U.S. Citizen ___NonResident Alien-type ____F1 ____J1

___ Resident Alien Country _____

Are you paying non-resident tuition? Yes or No (circle choice)

Date application was given to advisor _____
Month/Date/Year

Date Financial Aid Application was submitted to FAFSA _____
Month/Date/Year

NOTE: The student is recommended to keep a copy of the Financial Aid Application in their personal file for future reference.

The Scholarships are awarded sometime between July and August of each year. Checks are received in September. If you have other questions, call Pat Solberg in the Medical Technology office (612-625-9490).

RETURN THIS APPLICATION TO PAT SOLBERG BY APRIL 1
(Mayo Mail Code 711, 15-170 PWB)