

GOLDEN GATE UNIVERSITY

2019-2020 SCHOLARSHIP APPLICATION

First Name: _____

Last Name: _____

GGU ID: _____

E-Mail Address: _____

1st Term (start date): _____

Graduation Month/Year: _____ / _____

School Enrolled In:

- AGENO SCHOOL OF BUSINESS Accounting
 Taxation Graduate (all other programs)

Program Enrolled In: _____

Enrollment Status:

- Full-Time Part-Time Online International

Select Scholarship(s) for which you want to be considered:

- ALUMNI ASSOCIATION WILLIAM ENDERLEIN HANDLERY LOIS MYERS TRITASAVIT ACCOUNTING
- CHARLES BELL (VETERAN STUDENTS ONLY) GRADUATE COMMUNITY LEADERSHIP Z.M. GILES HUGUENOT NAGEL MINER
- Active NON-Active
- BITA DARYBARI COUNTRY OF ORIGIN GURMEHAR FOUNDATION MASSUD MEHRAN ROBERT SHAW (SEATTLE CAMPUS ONLY)

Please consider my application for all scholarships

Application checklist: certification:

- Complete a **2019-2020 FAFSA** (U.S. Citizens or Permanent Resident students) – Title IV School Code = **001205**. **International students are not required to submit a FAFSA.**
- Attach a **Resume** which includes a summary of your work, school and extracurricular activities.
- Attach a **Personal Statement** (single spaced, not to exceed two typed pages) addressing the following:
 - Describe your financial needs, academic achievements and any special circumstances you would like the Scholarship Committee to consider when reviewing your application.
- Submit a **Scholarship Essay** addressing the specific criteria for the scholarship you are applying for.
 - Please make sure to label each separate essay, accordingly.
- Submit your completed application by e-mail to finaid@ggu.edu. The application deadline is **Friday, August 2, 2019, by 4:00PM (PST)**. Incomplete applications will not be considered.
 - Please make sure to label each separate essay, accordingly.

CERTIFICATION:

By submitting this application and signing below, I acknowledge that I have attached my application, resume, a personal statement and essay(s). I authorize the Financial Aid Office to disclose my financial aid award to the Special Scholarship Committee. I understand that some of the scholarships I am applying for, may require, my application to be reviewed by the donor or their representative, and thus authorize the special scholarship committee to share my application with whom they deem appropriate for purposes of determining my eligibility for such scholarship(s). I understand if I am awarded a special scholarship, I will be required to write a "thank you" note to the donor(s) and submit it to the Financial Aid Office or my award will be forfeited. I understand that incomplete or late applications w not be considered by the special scholarship committee. I understand all special scholarship decisions are final and made at the discretion of the committee.

Signature: _____

Date: _____