Armstrong State University  
Department of Mathematics  
Scholarship Application

Personal Information

Name: Student ID:
Address:
Email: Phone:

Academic Information

Advisor: Undergrad GPA:
Major: Major GPA:
Minor/Concentration: Total Credits Earned:
Year(circle one): Freshmen/Sophomore/Junior/Senior/Graduate
Graduate GPA:

Scholarship Information

I am applying for the (check one):

☐ Lancey C. Jen
☐ Leslie A. Strozier Memorial
☐ Davelyn Vinson Excellence in Mathematics Award
☐ Jesse Shearouse Honor

Statement of Interest and Financial Need

On a separate sheet of paper, introduce yourself as a mathematics student outlining your motivation, experience, accomplishments and goals. Also include in this statement your need for financial support.
References

Write the names and contact information for faculty (at least one from the Department of Mathematics) who have agreed to be your references.

(1)
Name: 
Affiliation: 
Email: 
Phone: 

(2)
Name: 
Affiliation: 
Email: 
Phone: 

Certification and Authorization

I hereby certify that the information is accurate and complete to the best of my knowledge and I also hereby authorize release of information on this application to individuals involved in determination of my eligibility and qualifications for a scholarship.

Signature: 
Date: 

Submission and Deadline

Return this form along with the one-page essay to University Hall 297, addressed to the Scholarship Committee. Applications are due the Friday before Spring Break.