

APPLICATION FOR HISTORY SCHOLARSHIPS

DEPARTMENT OF HISTORY
GEORGIA SOUTHERN UNIVERSITY

Return Completed Application Packet To:

Department of History
Scholarships Committee Chairperson
P.O. Box 8054
Statesboro, GA 30560-8054

Questions?

Contact 912-478-4478 (HIST)

Deadline for Receipt of Application:

4:00 p.m. February 2, annually

Or: Forest Drive Bldg., History Main Office #1105

Mark the appropriate enrollment status:

Georgia Southern University Student: ☐ 1st Year ☐ 2nd Year ☐ 3rd Year ☐ 4th Year ☐ Graduate

Degree Program: _____ Concentration, if known : _____

Anticipated Graduation Date: _____ Current GPA: _____

Name: _____ Eagle ID #: _____
Last First

Permanent Address: _____
Street City State Zip

Local Address: _____
Street City State Zip

Local/Cell Phone: (____) _____ Permanent Phone: (____) _____

Georgia Southern Email: _____
(you will receive further information at this email)

Names of two History Faculty who are submitting recommendations in support of your application (*Be sure to download the Recommendation Form to give to these professors*):

Identify which scholarship(s) you are applying for. Be sure you are eligible for that scholarship and that your application fulfills criteria for that scholarship.

- | | |
|---|---|
| <input type="checkbox"/> Richard S. Beene Memorial Scholarship | <input type="checkbox"/> R. Frank Saunders Memorial Scholarship |
| <input type="checkbox"/> Sally T. Gershman Memorial Scholarship | <input type="checkbox"/> Michael E. Shaw Scholarship in History |
| <input type="checkbox"/> Dr. George A. Rogers, Jr. Scholarship in History | |

Please submit the following with this application:

- Applicant's statement
- Evidence of scholarly research, i.e., a research paper (include name of course and professor)
- Unofficial transcripts identifying GPA

I have read the scholarship guidelines and procedures on the information page of this application and ask that I be considered for an award with the full understanding of the conditions. I give permission for release of information requested from the Georgia Southern Admissions Office, which may include evaluations by teachers, SAT scores, and other information necessary to determine my qualifications for an award. I understand that evaluations will be kept confidential, and I waive any right of access to them.

Applicant's Signature _____

Date _____