FERRIS STATE UNIVERSITY

Daniel Tyler Endowed Scholarship

TO BE COMPLETED BY SCHOLARSHIP APPLICANT:

Last Name	First Name		Middle Initial
Campus Address	E-Mail		Phone
Permanent Street Address	City	State	Zip Code
Student ID #	Program of Study		

Current Class Standing: □ Freshman □ Sophomore □ Junior □ Senior

Please list any special qualifications that you feel may make you more qualified than other applicants for this scholarship (add a second page if needed).

Your completed application must be accompanied by the following and submitted no later than April 1 to:
College of Technology Dean's Office, Daniel Tyler Scholarship, 1009 Campus Drive, JOH 200, Big Rapids, MI 49307:

- Physician's statement of disability; documented disability from a physician

I affirm that the information I have provided on this application is complete, accurate, and true to the best of my knowledge. I understand that furnishing false information may result in not being considered or revocation of financial aid at a later date.

Signature of Applicant

Date

Please contact Debra Fisher with any questions, at 231-591-3983.