FERRIS STATE UNIVERSITY

David P. Prior 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		

Briefly explain why you feel you should be considered for the David P. Prior Endowed Scholarship (add a second page if needed).

1. Full-time College of Engineering Technology Sophomore or higher ranked student
2. Minimum GPA 3.0 required (submit unofficial transcript with application)
3. Financial need is considered (As determined by the Office of Financial Aid)

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 _____

Return your completed application no later than April 1 to: College of Technology Dean's Office, 1009 Campus Drive, JOH 200, Big Rapids, MI 49307.

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

FOR OFFICIAL USE ONLY:

GPA: _____ Need:_____ FT/PT:_____ Class Standing:_____ Semesters Completed:_____