

PEER ADVOCATES SCHOLARSHIP

Term: _____

Name _____ Soc. Sec. Number _____

Address _____

Home Phone _____ Cell _____

Student's status: Full-time ____ Part-Time ____ Major: _____

Cr. Hrs. completed (BCC): _____ Current GPA: _____

Hours of availability: Mon. _____ Tues. _____ Wed. _____

Thurs. _____ Fri. _____

I understand that I am expected to complete 240 hours during the Fall 2003 semester, and that this scholarship is based on performance satisfaction for the given semester.

Student's Signature

Please return application to Michelle Lilly in building 19/133

Office Use Only

Information Verified

GPA: Y or N

Credit hours: Y or N

Major: Y or N

Letters of recommendation (Source): _____

Comments
