
2005-2006
Antioch College Scholarship Application

Note: Only **ONE** Application is required to be considered for all scholarships listed in **Section One** of the Scholarship Booklet. Students must have a minimum of two paid tuition terms during the 2005-06 academic year to be eligible to receive Antioch scholarships. For scholarships listed in **Section Two** please see the individual offices for application procedures.

Return this form to the Office of Financial Aid by 4:00 p.m. Friday February 4, 2005.

Applications submitted after the deadline, will be considered only in the event any awarded scholarships are unclaimed.

Student's Name _____ Social Security Number _____

Address _____

Date of Birth _____ Male _____ Female _____ High School Attended _____

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Intended or current major: _____ (Degree plan must be on file with Registrar)

Future Career Plans _____

Ethnic Background (optional) Circle One:

Caucasian

Hispanic

African American Descent

Native American

Asian/Pacific Islander

Multi-Racial

Middle Eastern Descent

Other

Please indicate your study/co-op sequence for 2005-2006 beginning with the Summer Term.

Summer 2005 _____

Fall 2005 _____

Spring 2006 _____

Do you plan to study or co-op abroad in 2005-2006? Yes _____ No _____

Expected Graduation Date _____ (Indicate term/year)

Scholarships for continuing students are based on your Community involvement, academic record and your Co-op performance. Your academic record will be reviewed through the Registrar's Office. Be sure that all evaluations have been submitted to the Registrar's Office for all classes taken through Fall Term 2004. Your Co-op performance will be reviewed as well.

Please complete the following section pertaining to your Community Activities. List the activities, committees, events and work you have been involved in pertaining to the Community at Antioch. Include the names of two references that can speak to your involvement in Community. These could be fellow students, faculty, administrators or others.

Reference _____ Phone Number _____

Reference _____ Phone Number _____

Release:

I hereby give the Scholarship Committee permission to review my academic records, including all evaluations on file in the Registrar's Office of Antioch College and have my name and other permanent information about myself released to the scholarship donors. I also understand this information may be used by the Development and Public Relations Offices at Antioch in their publications.

Signature

Date