



Scholarship Application Form

History Department

2008 – 2009 Academic Year

Personal Information

Name: _____ BYUH ID#: _____

Home Address: _____

Home Phone #: _____ Email: _____

Academic Information

Expected date of graduation: _____ Are you planning on graduating from BYUH? **Y** **N**
Month Year

If you are a current student, have you attached your Major Academic Plan (MAP)? **Y** **N**

Current Cumulative GPA: _____ Major: _____ All courses: _____

By the end of this current semester, applicant will have completed (circle all that apply):

High School **1st year of college** **2nd year of college** **3rd year of college**

Are you applying for a scholarship in a second major? **Y** **N**

Will you be receiving a University Scholarship Award? **Y** **N**

Former Education Information

If incoming freshman, High School attended: _____
Name of High School Location

- High School Cumulative GPA: _____

If college transfer, former College/University attended: _____
Name of College/University Location

- Cumulative GPA at former College/University: _____

Courses in Major

List courses completed in your major to date with grades.

Course	Grade	Course	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List major courses in which you are currently registered for this and next semester/term.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Curriculum Vitae & Statement

Extracurricular Activities

List all organizations or activities participated in and relevant to the History Major:

Honors

List all honors & awards:

Personal Statement

Indicate your interest in the History Major:

Please list any other information that you think is relevant for the History Department Scholarship committee to consider.

Map Requirement

Current and former students are required to attach a Major Academic Plan (MAP) that has been signed by their Academic Advisor. This application is incomplete without an attached MAP.

Certification

I certify that the information on this form and all attached documentation is true and complete to the best of my knowledge. I waive my rights to the Family Education Rights and Privacy Act (FERPA) regarding this application and supporting documents for the purposes of selection of recipients and for providing recipient information to the donors of this scholarship.

Signature of applicant

Date