



# Scholarship Application Form

## IDS Majors

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**      **1<sup>st</sup> year of college**      **2<sup>nd</sup> year of college**      **3<sup>rd</sup> 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**

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### *Extracurricular Activities*

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

### *Honors*

List all honors & awards:

### *Personal Statement*

Indicate your interest in the IDS Major:

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

## **Map Requirement**

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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**

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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*

**BYU-Hawaii Scholarships**      **55-220 Kulanui Street #1980, Laie, HI 96762**      **Phone: (808)293-3530**      **Fax: (808)293-3349**  
*IWES students are not eligible to apply or receive institutional scholarships or awards beyond the IWES institutional aid.*