



Staff Council Scholarship Application

Date: _____ ID Number: _____

Name: _____

Department: _____ Supervisor: _____

Position: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

E-Mail: _____

Applicant status:

_____ I am a staff employee of Texas State University at San Marcos.

Date of hire: _____

Performance Appraisal score: _____

Essay:

Please submit an essay (500 words) and describe how this scholarship award will impact your life and where do you plan to be in five years.

Undergraduate Classification: _____

Overall GPA if current or transfer student: _____

(Please attach a copy of your official current university transcript to this application if current or transfer student.)

I have read and understand the requirements for this scholarship. I further understand that if I receive the Staff Council Scholarship and fail to maintain my eligibility, I may forfeit any future eligibility and may be required to fully reimburse the Staff Council Scholarship Fund. I certify that all of the information on this application is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Application must be submitted at: Human Resources in box marked Staff Council Scholarship Applications

Deadline to submit application is: **June 15, 2009**

