



APPLICATION FORM

LABHART-OLSEN ANNUAL SCHOLARSHIP

Completed application form should be submitted to the Chair of the Department of Mathematics NO LATER THAN the **third Friday in January** of the year in which the scholarship is to be awarded.

Name _____

Current Class Standing (circle one) FRESHMAN SOPHOMORE JUNIOR SENIOR

Major (circle one) MATHEMATICS MATHEMATICS (TEACHING) MATHEMATICS-ACTUARIAL TRACK

Credit Hours Earned _____ Cumulative GPA (USI) _____

Math Class in which you are currently enrolled _____

Please list other scholarships/financial aid being received:

Please list any organizations, clubs, activities in which you participate:

Please provide a brief statement on why you selected mathematics as a field of study:

Signature _____ Date _____

This scholarship will provide funds to cover half the cost of tuition (at the in-state tuition rate) for all credit hours enrolled by the student during the fall and spring semesters.