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.