

ALPHA KAPPA MU GRADUATE SCHOLARSHIP APPLICATION BLANK
GEORGE W. GORE/T. J. CRAWFORD SCHOLARSHIP

This application form, typed or printed, and all supporting documents should be postmarked on or before February 15 and submitted to the

Alpha Kappa Mu Honor Society Awards Committee
324 Enterprise Drive
Albany, GA 31705-2506

1. College or University _____
2. Location _____
City State Zip
3. Chapter _____
4. Name of Applicant _____
Last First Maiden or Middle
5. Date of Birth _____ Place of Birth _____
6. United States Citizen: Yes () No () Sex: M () F ()
7. Marital Status: Married () Single () Separated () Divorced () Widowed ()
8. Number of Children _____ Number of Sisters/Brothers _____
9. Present Address _____
Number Street Apt. # City State Zip
10. Academic Classification _____
11. Permanent Address _____
Number Street Apt. # City State Zip
12. School or College _____

(Ex: School of Business, Arts & Sciences)

13. Department: _____

(Ex: History)

14. Major _____ Minor _____

15. Presently Enrolled in College: Yes () No ()

16. If #15 is "No", Give Reason _____

17. Physical Challenges, If any _____

University to be attended if grant is awarded:

First Choice _____

Name

Location

Second Choice _____

Name

Location

ON ATTACHED SHEET (S) GIVE DESCRIPTION OF YOUR CAREER PLANS WITH SPECIAL EMPHASIS ON HOW THIS SCHOLARSHIP, IF AWARDED, WILL AID YOUR PLANS. INCLUDE A FAIRLY DETAILED OUTLINE OF YOUR PLAN OF STUDY.

Names of persons whom applicant has asked to prepare Letters of Recommendation. (These should be sent to the Chapter Advisor or placed in a sealed envelope and given to the applicant for inclusion in the Applicant Packet)

Major Professor _____ Title _____

Address _____

Number

Street

Apt#

City

State

Zip

Another Professor _____

(Preferably an English Teacher)

Address _____

Number

Street

Apt#

City

State

Zip

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Identity of person whom the applicant has asked to write a Character Recommendation. (These should be sent to the advisor or placed in a sealed envelope for inclusion in the Application Packet also.)

Name _____ Title _____

Address _____

Number Street Apt# City State Zip

APPLICANT'S SIGNATURE _____ DATE _____

Please request an official transcript of the applicant's college record through the first term of the academic year to be sent by the Registrar (in a sealed envelope) to the Advisor for inclusion in the Application Packet.