Dean’s Scholarship for Continuing Undergraduate Business Students

I. GENERAL INFORMATION

Student ID#: ________________________________

Name: ___________________________ (Last) ___________ (First) ___________ (Middle) Birthdate: ___________

Mailing Address: __________________________________________

(City) ___________ (State) ___________ (ZIP) ___________

Home Phone: ________________________________ Daytime Phone: ________________________________

E-Mail Address: __________________________________________

Scholarship is for the following term:

Circle: Fall Spring Summer 20 ______

Degree pursuing at UC-Denver (circle): 1st Bachelors 2nd Bachelors

Major/Area of Emphasis (circle): ACCT ACIS FMS FNCE INBU INFS MGIS MGMT MKIS MKTG PHRM

Expected graduation date for degree listed above: Month: ___________ Year: ___________

Are you a U.S. Citizen: _______ Yes, I am a U.S. Citizen _______ No, I am an eligible non-citizen

Alien Registration #: __________________________________________

Tuition Classification: In-State (Resident) Student: ___________

Date of Colorado residency (Mo/yr): ___________

Out-of-State (Non-Resident) Student: ________________________________

II. ESSAYS. On a separate sheet (typed, not to exceed 1 page), answer the following questions:
A. Describe your educational goals and objectives.
B. Explain how this scholarship would help you financially.
C. Describe your character.
D. Describe your academic ability and achievements.
E. Describe your participation and leadership in academic, extra-curricular, and civic activities.
F. Any awards or honors you have received.

III. FINANCIAL NEED INFORMATION

What was your earned income in U.S. dollars?

$0 - $20,000
$20,001 - $40,000
$40,001 - $60,000
$60,001 - $80,000
More than $80,000

(Continued on back of form)
Where do you plan to live while in school?

Street Address: ____________________________________________________________

City, State, ZIP: __________________________________________________________

Is this address: (Please check one)

With Parents __________

With Relatives __________

Other (self, spouse, roommates, etc.) __________

Marital Status:

Single: __________

Married: __________ Date: __________

Divorced: __________ Date: __________

Separated: __________ Date: __________

Widowed: __________ Date: __________

Name and Ages of Dependents living with you (Excluding Spouse).

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Name</th>
<th>Age</th>
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Have you ever applied for any form of aid at UC-Denver (including Federal Stafford/PLUS)?

_____ Yes  _____ No

List all educational financial awards received or expected, and the amount of each award. (Attach additional sheets if necessary)

<table>
<thead>
<tr>
<th>Award</th>
<th>Amount</th>
<th>Academic Year Received</th>
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<tbody>
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Have you ever received or expect to receive financial assistance from any present or future employer?

_____ Yes  _____ No

Name and address of employer: __________________________________________________________

Amount: $ __________________

IV. CERTIFICATION

I certify that all the information on this application and all supplementary forms are true and complete. I have read and understand the instructions. I agree to cooperate with additional requests for information. I understand course load and Academic Standards. I agree to cooperate fully with UC-Denver staff in applying for aid and admissions. I agree to notify the Business School on writing of any/all changes in my status, changes to the information I provided on this form, and if I receive any scholarship awards. I will use all funds received only for expenses as set forth in the scholarship granted by the Business School.

I understand that for fall, spring and summer semesters my tuition and fee payment, and late charges if assessed, are my responsibility even if I do not receive a scholarship. I agree to pay my tuition and fee fall, spring and summer semesters, in full, whether or not I receive any scholarship.

I hereby release my academic and financial aid records to the Scholarship Selection Committee.

DATE ________________ SIGNATURE ______________________________________________

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form (or related documents) shall be subject to a fine of not more than $10,000 or to imprisonment of not more than 5 years, or both, under the United States Criminal Code.

I certify that I have read the eligibility requirements for this scholarship and am eligible to apply. ____________________

(Initial)