



**2017** *CATHY HUGHES School of Communications*

**BOARD OF VISITORS**

**GRADUATE STUDENT SCHOLARSHIP APPLICATION**



**APPLICATION CHECKLIST**

\_\_\_\_\_ **COMPLETED APPLICATION**

\_\_\_\_\_ **RESUME**

\_\_\_\_\_ **UNOFFICIAL TRANSCRIPT**

\_\_\_\_\_ **YOUR SIGNATURES**

**\*\*\* PLEASE NOTE: STUDENTS WITH FINANCIAL HOLDS WILL NOT RECEIVE SCHOLARSHIP AWARDS.**

**APPLICATION DEADLINE FOR ACADEMIC YEAR 2017**

**APRIL 15, 2017**

**SUBMIT 2 COPIES OF APPLICATION TO DR. ROBIN THORNHILL (ROOM 108)**



**AWARD: \$2500.00**

*Use this form to apply for scholarships in the Cathy Hughes School of Communications. Do **not** use this form for scholarships and financial aid handled through the Howard University Financial Aid office.*

*Return your completed application package to Cathy Hughes School of Communications Scholarship Committee, Howard University, 525 Bryant Street, Room 108, NW., Washington, DC 20059 for processing.*

**Contact Information for QUESTIONS:**

Assistant Dean Robin Thornhill (202-806-7695, [rthornhill@howard.edu](mailto:rthornhill@howard.edu))

## 2017 CHSOC Scholarship Application Form

NAME: \_\_\_\_\_ ID# \_\_\_\_\_  
           Last                      First                      M.I.

LOCAL ADDRESS (STREET, CITY, ST AND ZIP): \_\_\_\_\_ PHONE: \_\_\_\_\_

HOMETOWN (to be used for publicity purposes): \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CLASS (YEAR(s) In Program) \_\_\_\_\_ MAJOR: \_\_\_\_\_

Current **Howard** Course Load (hours)  Cumulative **Howard** GPA:  based on  earned hours.

I plan to be a full-time Howard graduate student in the Semester/Year \_\_\_\_\_ academic year in the School of Communications.

YES:  NO:  Check if Spring only:  Check if Fall only:

**Signature Required after one of the two statements below.**

I give my consent to have my grades, transcript(s), and/or financial information released to the Cathy Hughes School of Communications committees for scholarships. I also give my consent for my name to be released publicly as the recipient of any scholarship I am awarded.

I withhold my consent to release my personal information, knowing that this may limit the scholarships for which I may be considered.

\_\_\_\_\_  
Applicant's Signature                      Date

\_\_\_\_\_  
Applicant's Signature                      Date

### Alternate Address

**Permanent Address** (if different from above)

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

## ***Internship(s)***

Are you planning to participate in a summer internship?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please provide the name of the internship and City/State	_____ _____ _____
---	---------------------------------	--------------------------------	--	-------------------------

## ***Summer Contact Information***

Last Name	First	M.I.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail		
Cell			



**Essay/Personal Statement Describing Your Academic/Career Goals  
(250-500 Words)**

## FINANCIAL WORKSHEET

Do you have a balance with the University from the previous semester? If **YES**, what is the balance due to the University? \_\_\_\_\_ for Year/Semester \_\_\_\_\_

### Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in a revocation of the award.

Signature

Date

**Incomplete applications will not be given consideration. Awards will be deposited in the student's account. Students should contact Student Financial Services to determine if award will impact other financial aid.**