



2018 *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 2018

APRIL 30, 2018

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)

2018 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	_____ _____ _____
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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.