

The University of Essex – Horizon Consulting (UKER.NET)
Scholarship

APPLICATION FORM

(Please Type or Print)

Name of Applicant: _____

Scholarship Mailing Address: _____

Permanent Address: _____

Telephone No: _____ Fax No: _____

E-mail Address: _____

Date of Birth: _____ Birth Place: _____

Source of Scholarship Information: _____

Scholastic Record

Current College/University: _____ City, State _____

Prior College/University: _____ City, State _____

Undergraduate degree from: _____ City, State _____

High School: _____ City, State _____

Highest Degree Completed: AA, BA, BS, MA, MS, Other: _____

at (name of the school): _____

Major Field of Study: _____

Degree Objective: BA, BS, MA, MS, PhD, Other: _____

Present Academic Standing: Junior, Senior, Master, PhD, Other: _____

Completion Date of the Current Study Program: _____

Why do you need the scholarship?

Why do you think you could get the scholarship?

Signature: _____

Date: _____