

SCHOLARS APPLICATION FORM

Applications are processed each semester. Just print out this form and return it to the **Director, Office 4253**. If you have any questions please send an email to Dr. William Barnhart at Wbarnhart@caldwell.edu.

Date: _____

Name: _____ **Student ID#** _____

Home Address: _____

Phone: _____

Residence Address: _____

Phone: _____ **Cell Phone:** _____

Email _____

Number of Credits Completed: _____ **Major:** _____

Advisor: _____ **Cumulative GPA:** _____

Extracurricular Activities: _____

Three Faculty References (Please Print)

Choose full-time faculty who know your work. Faculty references do not have to write letters of recommendation. They do not need to sign this application. I will contact them via email.

- 1.
- 2.
- 3.

Attach a copy of a graded writing sample written for a class at Caldwell College. Make sure that it includes comments from your professor and represents your best work.

