

**Bowie State University**  
**Lower Shore Bowie Alumni**  
**Scholarship Application**

1. Name of Applicant \_\_\_\_\_ Sex \_\_\_\_\_  
Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_
2. Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_
3. Name of High School \_\_\_\_\_
4. School Address \_\_\_\_\_  
\_\_\_\_\_
5. Date Enrolled at B.S.U. \_\_\_\_\_ Classification \_\_\_\_\_
6. What is your Major? \_\_\_\_\_
7. Will you need financial aid in order to attend? \_\_\_\_\_
8. List reason(s) you will need scholarship assistance:
9. Parents' Occupation:  
Father \_\_\_\_\_ Annual Income \_\_\_\_\_  
Mother \_\_\_\_\_ Annual Income \_\_\_\_\_  
(Total family income verification will be required for finalist)
10. Are you requesting/receiving financial aid? Yes \_\_\_ No \_\_\_  
What type? \_\_\_\_\_ Amount \_\_\_\_\_
11. Please state the amount on financial aid you need. \_\_\_\_\_

12. List any extracurricular activities in which you have been involved, including length of time and offices held:

Athletics \_\_\_\_\_

Clubs \_\_\_\_\_

Special Achievement/Awards \_\_\_\_\_

Other \_\_\_\_\_

13. List names, addresses & phone numbers of three (3) responsible people (No Relatives) who may verify your sincerity of purpose and moral character.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

14. Submit this completed application and a transcript of your High School Records to: BSU – Lower Shore Alumni Scholarship Committee (address below) by April 17, 2015.

\*Applicants already attending BSU: Submit an official record of your G.P.A., last semester and cumulative.

**I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION SUBMITTED BY ME FOR SCHOLARSHIP CONSIDERATION WILL RESULT IN THE LOSS OR FORFEITURE OF ANY SCHOLARSHIP FUNDS.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

MAIL TO: Mrs. Barbara D. Butler  
LOWER SHORE ALUMNI SCHOLARSHIP COMMITTEE  
731 SHILOH STREET  
SALISBURY, MARYLAND 21804