

SCHOOL OF CONTINUING AND PROFESSIONAL STUDIES

SCPS Department Scholarship Application Packet 2009-2010

Deadlines: Fall 2009 - August 1st Spring 2010 - December 1st



Preparing people to lead extraordinary lives

SCPS Department Scholarship Application Guidelines

1. Complete the attached scholarship application. Please print or type. Incomplete or illegible applications will be considered invalid.
2. Compose a 300 word, typed essay, to include with your application, on the following topic:
Describe how completing your program will assist in achieving your personal or professional goals. If you are a previous scholarship recipient, please include any relevant updates or achievements since the last application.
3. Submit your completed application and essay to:
SCPS Department Scholarship Committee
Loyola University Chicago
820 N. Michigan Ave., Lewis Towers - Room 401
Chicago, IL 60611
4. Ensure that you have filled a Free Application for Federal Student Aid, or FAFSA. For more information on completing a FAFSA, see the Office of Financial Assistance at www.luc.edu/finaid. A filed FAFSA is required for consideration for any SCPS Department scholarship.
5. Submit the application and essay in a sealed envelope, by 5:00 p.m. on the following deadlines: **Fall 2009 - August 1st** **Spring 2010 - December 1st**

SELECTION PROCESS AND AWARD INFORMATION

- Award amounts vary; applicants will be evaluated against award criteria and available scholarship funds at the time of application deadline. For the current list of scholarships, visit http://luc.edu/scps/scholarship_general.shtml
- Award recipients will be notified by Loyola e-mail.
- Award recipients will be instructed to complete certain documents before awards will be applied to accounts, to be provided with award notification.
- All awards will be applied to tuition costs only; any unused funds will not be refunded.



SCPS Department Scholarship Application

Please attach your 300 word typed essay with this completed application

ID: _____ Date of Birth: _____

Name: _____
Last First Middle Initial

Address: _____
Number and Street

City, State, Zip

Daytime Phone: (____) _____ E-mail Address: _____

Country of Citizenship: _____ Residency Status _____
(if non-citizen)

Employer: _____
Company Name

City, State, Zip

Position: _____ Full-time Part-time

Responsibilities: _____

Course of Study: _____ Cumulative GPA _____
(to date)

Do you receive tuition assistance of any kind from your employer? Yes No

If yes, please indicate the amount your employer reimburses: \$ _____ per _____
(i.e. year, semester)

I have completed and filed a FAFSA I am enrolled in _____ hours for Fall 09 Spring 10
(Include all hours for both sessions, i.e. Fall I and Fall II, etc.)

Please sign to indicate you have read and fully understand the following:

- I certify the information contained on this application is accurate to the best of my knowledge.
- I certify that I am not eligible for full tuition reimbursement from another source.
- I understand that the information on this application my FAFSA may be released to the scholarship committee for their use in making award decisions.
- I understand any scholarship awarded from S CPS is tuition-restricted; funds will be applied to tuition only, and not related costs (i.e. books, fees, etc.).
- Any unused or excess scholarship funds will not be refunded or applied to a prior or future tuition bill.

Signature

Date

