

PRESIDENTIAL SCHOLARS WITH DISABILITIES
SCHOLARSHIP APPLICATION

NAME: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ ARE YOU: _____ FEMALE _____ MALE

PERMANENT ADDRESS: _____

TELEPHONE: DAYTIME: _____ EVENING: _____

CURRENT OR MOST RECENT SCHOOL ATTENDED:
NAME OF INSTITUTION: _____

CITY AND STATE: _____

DATES (MO./YR.) ATTENDED: FROM _____ TO _____

_____ FULL-TIME _____ PART-TIME

CUMULATIVE G.P.A. (BASED ON A 4.0 SCALE): _____

SAT OR ACT SCORE: _____

PROVIDE A BRIEF EXPLANATION OF YOUR DISABILITY:

LIST ANY FULL-TIME OR PART-TIME WORK EXPERIENCE:

LIST ANY EXTRACURRICULAR ACTIVITIES AND INCLUDE THE EXTENT TO WHICH YOU HAVE PLAYED A LEADERSHIP ROLE:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. ARE YOU A MARYLAND RESIDENT?

YES _____ NO _____

2. ARE YOU ENTERING TOWSON UNIVERSITY FOR THE FIRST TIME THIS UPCOMING FALL?

YES _____ NO _____

3. HAVE YOU SATISFIED TOWSON UNIVERSITY ADMISSION REQUIREMENTS?

YES _____ NO _____

4. ARE YOU ENTERING AS A FULL-TIME STUDENT (ATTEMPTING AT LEAST 12 CREDITS)?

YES _____ NO _____

5. WILL YOU BE SEEKING A DEGREE?

YES _____ NO _____

6. DO YOU HAVE A DISABILITY SUPPORTED BY UP-TO-DATE DOCUMENTATION?

YES _____ NO _____

7. IS YOUR CUMULATIVE G.P.A. AT LEAST 3.0?

YES _____ NO _____

T'S SIGNATURE _____ DATE _____ APPLICAN

