



College of Business Administration

DR. GEORGE STEVENS EMERGENCY SCHOLARSHIP

General Information (Please Print or Type)

Name _____ Student ID _____

Complete Local Address _____

Local Phone _____ E-mail address _____

Male _____ Female _____ Date of Birth _____ Marital Status _____

Current College Status (circle one) FR SO JR SR Cell Phone number _____

Officially Declared Major _____ Graduation Date _____

If incoming freshman with no credit hours completed at Kent State, please indicate your high school cumulative GPA in the space asking for "Cumulative GPA." You can leave other items below blank.

Major GPA _____ Cumulative GPA _____ Current hours _____

KSU Semester Hours Completed _____ Transfer Semester Hours _____

Please write legibly (or type) indicating why you are requesting emergency monetary assistance. Be specific and provide details and documentation, as appropriate, to illustrate special circumstances/need. Please use reverse side, if necessary.

What semester are funds needed for? _____ **What is the maximum amount needed?** _____

What is the minimum amount needed? _____ **Please indicate the percentage of funding for college expenses (tuition, books, room, board, miscellaneous expenses). The total should equal 100%.**

Parents _____ Loans _____ Federal Grants _____ Self _____ Scholarships _____ **Are you currently employed?** _____

Yes ___ No _____ If yes, approximately how many hours do you work per week? _____ and where?

I hereby authorize the Scholarship/Award Committee to inspect any and all of my student files.

Signature _____ Date _____

Return to:

Dean's Office, BSA room 306, COLLEGE OF BUSINESS ADMINISTRATION, **Kent State University**, Kent, Ohio 44242