



Staff Council Employee Scholarship Application

Applicant Information

(Oconee Campus Staff, Spouse or Dependent Children Only)

UNG Student? Yes No If no, please specify university:

Student ID Number Semester Applied for:

Hours of Enrollment: Current GPA: 1st Semester Freshman? Yes No

Name: (Last) (First) (MI)

(Street Address)

(City) (State) (Zip)

Are you receiving other types of scholarships or Financial Aid? If yes, please list below.

What are your needs and goals, and how will this scholarship help you accomplish them? (Minimum of 100 words)

Multiple horizontal lines for text entry.

I understand that I must remain in good academic standing and if I withdraw from the institution, and the calculated percentage of completion is greater than 60%, I will be required to refund the Staff Council Scholarship Fund the full amount of the Staff Council Scholarship Award.

Student's Signature: Date:

Employee Information (:

Name: Dept:

Staff or Sponsoring Parent's Signature: Date:

If you need this document in an alternate format for accessibility purposes (e.g., Braille, large print, audio, etc.), please contact Oconee Campus Staff Council: staffcouncil@ung.edu