



UNIVERSITY

CONFIDENTIAL

MSOE General Scholarship Application

For Scholarships Awarded for the 2024 - 2025 Academic Year

Name (First and Last)	MSOE Student ID Number
Local Address (City, State, Zip Code)	Email Address
Permanent Address (City, State, Zip Code)	Phone (where you can be reached)
High School Attended	Year Graduated High School
MSOE GPA or Most Recent High School or College GPA (if incoming student)	ACT or SAT Score (Optional)

Race (Optional)
Year in School
Gender

Program of Study
Minor or Specialty
Career Interest

Share Your Background/History

<p>Secured/accepted employment for next summer? Yes ___ No ___</p> <p>Employer Name: _____ Job Title: _____</p> <p>Employment History:</p>
Scholastic or Academic Honors

NOTE: Entire form MUST be typed, except for the signature which must be SIGNED and CANNOT be typed.

Societies and Organizations

Travel and Volunteerism

Interests and Hobbies

Personal Statement

In your personal statement, please illustrate who you are to the scholarship committee. Why are you going into your field, and what excites you about your major? Include anything that you feel gives us the best perspective of your character, future goals, and steps you're taking to get there. What separates you and your application from the others we may receive?

Personal statements must be at minimum 1 page and may be up to 3 pages. Students may attach additional pages if necessary. **All personal statements must be typed.**

By signing below, I acknowledge that the MSOE Financial Aid and the Advancement Offices will release all information provided on my MSOE Scholarship Report Form for review to the donors of MSOE Donor Funded Scholarships that I am eligible for. I also authorize the release of transcripts and applicable personal identifying information by MSOE's Advancement Office to the donors of MSOE Donor Funded Scholarships I am eligible for, for review as part of the scholarship application process. In addition, should I be awarded a donor funded scholarship, I authorize the release of my transcript and applicable personal identifying information to the Advancement Office and the scholarship donor in order to review my academic progress and enforce the terms and conditions of the scholarship. I also understand that the Financial Aid Office and scholarship donors reserve the right to renew or not renew their scholarships on an annual basis, and that my awarding of the scholarship is contingent on its yearly funding.

Additional Requirements

Transcripts will not be released if there is an outstanding balance on your student account. For questions, please contact Student Accounts at (414) 277-7130.

This release will remain valid until you rescind this release in writing.

Student signature (required) _____ Date (required) _____

NOTE: Must be physically signed, we CANNOT accept typed signatures