



CONFIDENTIAL

**MSOE Scholarship Report Form
for
The James Gramling Memorial Scholarship**

First & Last Name	MSOE Student ID Number
Local Address	Email Address
Permanent Address	Phone (where you can be reached)
High School Attended	Graduation Year

Race (choose one)

Year in School at MSOE (choose one)
*(Based on Academic Standing in the Fall for
which the scholarship is being awarded)*

Gender (choose one)

Program of Study
Minor or Specialty
Career Interest

Share Your Background/History

Please list any scholarships you are currently receiving from any private donor, company or group.
Employment: Start with your most recent job, include dates and job description.
Internships. List company, date and job description. <div style="background-color: #cccccc; width: 100px; height: 15px; margin-top: 5px;"></div>
Academic Honors or Awards
Societies and Organizations

NOTE: Entire form MUST be typed, except for the signature which must be SIGNED and CANNOT be typed.
To submit this scholarship, please either drop form off in the Financial Aid Office (CC-431), email as a single PDF file, or submit by mail.

Interests and Hobbies

Public Service, Community and Volunteer activity. List in order of significance.

Personal Statement

Please write a short essay addressing: (1) your career objectives, (2) your personal/academic interests and (3) reason(s) you feel you should receive this scholarship. **NOTE:** Please address all components in full.

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Personal Statement, continued

By signing below, I acknowledge that the MSOE Financial Aid and Development Office will release all information provided on my MSOE Scholarship Report Form for "The James Gramling Memorial Scholarship" to the scholarship donor for their review. I also acknowledge that the MSOE Financial Aid Office and the MSOE Development Office will forward my transcript for review as part of the scholarship application process. In addition, should I be awarded this scholarship, I authorize the release of my transcript to the Development Office and the scholarship donor in order to review my academic progress.

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 your graduation or until you rescind this release in writing.

Student signature (required) _____ Date (required) _____

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

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