

Texas Woman's University
Polly Crisp Pre-Medical Scholarship Application Form

1. Name of Student _____
(Last) (First) (Middle)

2. Local Address _____

3. Permanent Address (if different) _____
City, State, and Zip _____

4. Local Telephone: Area Code _____ Telephone Number _____

5. Place of Birth _____

Are you a citizen of the United States of America? Yes _____ No _____

6. If not, are you a permanent resident of the U.S.A.? Yes _____ No _____

7. When did you graduate from high school? Month _____ Year _____

8. Name of high school _____

Address of high school (city and state) _____

9. Current academic standing (freshman, sophomore, junior, senior) _____

10. Are you enrolled as a full-time or part-time student? _____

11. What is your major? _____

12. Do you plan to continue your education at the Texas Woman's University until you secure your degree? _____ Yes _____ No

13. Attach a brief statement of your occupational objectives.

14. Work History.

Employer	Address	Type of Work	Time Period
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15. List other college scholarships you have received.

16. Give any additional information which will help give a correct appraisal of your academic ability.

17. Attach complete up-to-date transcripts of all academic work (unofficial are OK).

18. Record SAT or ACT scores below.

SAT: _____ Composite; _____ Verbal; _____ Mathematics;

ACT: _____ Composite; _____ English; _____ Mathematics;

_____ Science; _____ Reading

19. Give the names and contact information of three Texas Woman's University professors who have agreed to serve as references for you. Ask them to send reference letters to Dr. Johnson or Dr. McIntire in sealed, signed envelopes.

Signature of Applicant _____ Date _____

Submit completed application to:

TWU Biology Department

GRB 230

PO Box 425799

Denton, TX 76204-5799

940.898.2351

940.898.2382 (Fax)

biology@twu.edu