

**ST. CLOUD STATE UNIVERSITY**  
**RUBEN L. PARSON GEOGRAPHY SCHOLARSHIP**

(This application must be submitted to the Geography Department by March 31, 2009)

***BIOGRAPHICAL INFORMATION***

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
*(Last) (First) Middle Int.*

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

***EDUCATIONAL EXPERIENCE***

Are you a junior level student? (Must have 60 credit hours completed) Yes \_\_\_\_\_ No \_\_\_\_\_

Credit hours earned to date: \_\_\_\_\_

When did you first attend St. Cloud State University? \_\_\_\_\_

Expected graduation date: \_\_\_\_\_

Cumulative grade point average earned at St. Cloud State University: \_\_\_\_\_

Geography grade point average earned at St. Cloud State University: \_\_\_\_\_

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Verification of GEOG Major \_\_\_\_\_

Verification of GPA \_\_\_\_\_

***CONTRIBUTION TO GEOGRAPHY***

Describe your contribution to the Geography program by listing involvement in Geography activities and organizations. Include information about leadership positions and awards received.

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## ***PUBLICITY***

If you receive the Ruben L. Parson Geography Scholarship, do we have your permission to release this information to the media? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate your preferences below.

Mother: \_\_\_\_\_  
*Name Address City State Zip*

Father: \_\_\_\_\_  
*Name Address City State Zip*

Spouse information, if applicable:

First and last name: \_\_\_\_\_

Spouse address: \_\_\_\_\_  
*Address City State Zip*

Newspaper where you would like your notice sent:

Check those that apply:

Name of newspaper, if known:

\_\_\_\_ Your hometown \_\_\_\_\_

\_\_\_\_ Mother's address \_\_\_\_\_

\_\_\_\_ Father's address \_\_\_\_\_

\_\_\_\_ Spouse's address \_\_\_\_\_  
(if applicable)

## ***CERTIFICATION***

I certify that the information on this application is true and correct.

*Signature of Applicant:* \_\_\_\_\_ *Date:* \_\_\_\_\_

\_\_\_\_\_  
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