

Name: _____

William Marcellous Lindgren Scholarship

Biographical Information:

Name: _____ Email: _____

SCSU Tech ID# _____ Phone: () _____ - _____

Current Address: _____
Street City State Postal Code

Permanent Address: _____
Street City State/Province Country Postal Code

Educational Experience:

1. If entering freshman, provide high school graduating school: _____
CGPA: _____
2. If returning SCSU student, provide class status next semester: Freshman Sophomore Junior Senior
CGPA: _____
3. If accepted transfer student, provide class status next fall: Freshman Sophomore Junior Senior
CGPA: _____

- **Current official transcript must be included with application.**

Expected Major Field of Study:

I am enrolled in, or am planning to enroll in: (please circle)

1) Science and Technology 2) Social Sciences 3) Fine Arts and Humanities

Major: _____

Publicity Release:

If you receive a St. Cloud State University scholarship, do you grant permission to release the information to the media?

Yes No

Certification:

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

Signature of Applicant: _____ Date: _____

Office Use Only:	
Granted:	_____
Denied Semester/Yr:	_____
Amount:	_____