

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: \_\_\_\_\_ (current **official** transcript required)
2. If returning SCSU student, provide class status next semester:  Freshman  Sophomore  Junior  Senior  
CGPA: \_\_\_\_\_ (current **official or unofficial** transcript required)
3. If accepted transfer student, provide incoming class status:  Freshman  Sophomore  Junior  Senior  
CGPA: \_\_\_\_\_ (current **official** transcript required)

### 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: \_\_\_\_\_