

Name: _____

Brendan and Vernie McDonald Scholarship

Biographical Information:

Name: _____ Email: _____

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

Current Address: _____
Street City State Postal Code

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

Country of Citizenship: _____

Educational Experience:

1. If returning SCSU student, provide class status next fall: Freshman Sophomore Junior Senior
CGPA: _____

2. If accepted transfer student, provide class status next fall: Freshman Sophomore Junior Senior
CGPA: _____
Previous College/University: _____ Location: _____
Degree earned, if any: _____ Dates Attended: _____
Number of credits transferring to SCSU: _____

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

Expected Major Field of Study:

Expected Date of Graduation: _____

Major(s): _____ Minor(s): _____

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:	_____