Application The Congressman & Mrs. Joseph McDade Program for Public Service Scholarship

| Name | |
|---|---|
| Major | |
| GPA | |
| Home Address and Phone | |
| | |
| Local Address and Phone | |
| | |
| E-mail address | |
| Proposed Internship Agency | |
| By my signature, I attest that this | ormation is complete and correct and I agree to have my application |
| | al Aid policies on receipt of financial aid. I also acknowledg uition awards and further understand that receipt of this award may impa anton merit scholarship and/or need-based financial aid awards. |
| Signature of Applicant | Date |
| Please submit with applic | ion: |
| 1. Unofficial transcript. | |
| | y, outlining the proposed internship project and detailing how the nhance the qualifications of your intended career choice. |
| Submit your application | |
| Crystal A. Ondrick, Assist Financial Aid Office St. Thomas Hall 4 th floor | |

Application deadline: Friday, April 23, 2021