

**Purdue University College of Technology 2010-2011 Scholarship Application**  
Statewide Location Specific Requirements: Purdue Kokomo Site



**Purdue University**  
**College of Technology at Kokomo**  
**2010-2011 Scholarship Application**  
**Incoming Student Scholarship Application**

The completed application form must be received **no later than January 29, 2010**. Electronic or faxed applications will not be accepted. If you are applying for Statewide Location Scholarships, please refer to Statewide Location specific requirements at the end of this document.

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Full Name: \_\_\_\_\_ PUID # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Email address \_\_\_\_\_

Home Phone \_\_\_\_\_ \* Date of Birth \_\_\_\_\_ \* Gender: M \_\_\_\_\_ F \_\_\_\_\_

\* Ethnicity \_\_\_\_\_ \* U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ \* Optional

Purdue Major \_\_\_\_\_ High School \_\_\_\_\_

High School Rank \_\_\_\_\_ ACT Comp \_\_\_\_\_

SAT Verbal \_\_\_\_\_ SAT Math \_\_\_\_\_ SAT Written \_\_\_\_\_ SAT Combined \_\_\_\_\_

**Please answer the following questions.**

1. Describe your high school and/or community activities, academic accomplishments, leadership roles and Project Lead the Way classes you have taken.

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2. Discuss a personal achievement or event that has greatly influenced your life.

3. Explain why the major you have chosen is the right choice for you.

4. Indicate the uniqueness that you bring to the College of Technology. (Ex. First generation college attendee)

I acknowledge that my submission of this application may result in publicity if I receive an award.

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*Signature*

**Send application to:** Purdue Student Services Office  
College of Technology at Kokomo  
2300 S. Washington St.  
Kokomo, IN 46904-9003  
miller72@purdue.edu

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*Date*

**Deadline: January 29, 2010**  
**Must be received by this date.**  
**Electronic or faxed applications will not be**  
**accepted.**  
(765) 455-9339

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**General Criteria for Purdue Kokomo Scholarships**

Students enrolled or who intend to enroll in any Purdue University program at Kokomo may be eligible to apply for any and/or all of the following scholarships. Minimum general qualifications for these scholarships are: (1) applicant must be a high school graduate with a "B-" or above average; continuing students must have an overall GPA of 2.75 (A=4.0); and (2) applicant must be admitted to Purdue. Scholarship recipients may be eligible to reapply for these scholarships three times (maximum of four years). Scholarships are disbursed for half the total amount each semester.

<b>Scholarships</b>	<b>Amount of Funding</b>
Richard H. and Marian E. Blackledge	\$3,000
Delphi Delco Electronics Systems	\$5,000
Glen And Jeanné Harland	\$3,000
John And Hilda Hingst	\$1,500 and \$3,000
John Milner Memorial	\$1,000
Purdue Kokomo 400 Club / Full or Part-Time	\$500 - \$4,000
Marnie Cole Renard	\$1,500
Security Federal Savings Bank	\$1,000
Thomas and Rosemary Sheehan	\$1,000

**Additional Questions for Purdue Kokomo Scholarships**

1. I plan to attend

- a. Full-Time (12+ credit hours) \_\_\_\_\_
- b. Part-Time (6-11 credit hours) \_\_\_\_\_

2. Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_

- a. If yes, name of employer \_\_\_\_\_
- b. Number of hours worked per week \_\_\_\_\_

3. List any scholarships or financial aid amounts you are currently receiving or have applied for:

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I hereby grant Purdue University permission to release my records to the scholarship funding source and the Purdue Kokomo Scholarship Committee. I acknowledge that my submission may result in publicity if I receive a scholarship.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this application and**

- 1) A transcript
- 2) **Three** letters of Recommendation (Academic) to:

Purdue Student Services Office  
2300 South Washington Street  
P.O. Box 9003  
Kokomo, IN 46904-9003

**Scholarship Deadline:**  
**January 29, 2010**

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**PURDUE UNIVERSITY COLLEGE OF TECHNOLOGY AT KOKOMO**

Letter of Recommendation (academic)  
Scholarship Application  
Kokomo Students Only

FULL NAME OF CANDIDATE (Please Type) \_\_\_\_\_ MAJOR \_\_\_\_\_

WAIVER OF ACCESS: The Family Educational Rights and Privacy Act of 1974 permits the individual requesting this reference to sign a waiver relinquishing the right to inspect letters of recommendation. The person's signature below constitutes such a waiver; the lack of a signature implies that the person for whom this reference is being written shall have the right to read this reference.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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NAME (Please Type): \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

POSITION OR TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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