



COPPIN STATE UNIVERSITY

SCHOOL OF BUSINESS

SCHOLARSHIP APPLICATION

Please type or print clearly in ink.

PART I: BASIC INFORMATION

Student ID:	GPA:	
Name:		
Permanent Address:		
(Number and Street)		
City:	State:	Zip:
Primary Telephone Number:	Email Address:	
High School/College:		
Status (check one):	<input type="checkbox"/> First-time/Full-time Freshman <input type="checkbox"/> Second year student <input type="checkbox"/> Transfer student	
Semester for which you are applying:	Spring 20____ or Fall 20____	Intended Major:
<i>I understand that if awarded, I must register for at least 15 credits each semester. (Initial here) _____</i>		

PART II: PERSONAL INFORMATION

List your school/community activities, including offices held and honors received:

Activity	Dates	Office Held/Honor(s) Received
Job/Volunteer Work	Dates	Title/Basic Responsibilities

State your educational goals and career objectives:

Signature:	Date:
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RETURN APPLICATION TO: Coppin State University School of Business 2500 W. North Avenue Baltimore, Maryland 21216		For Office Use Only:				
		SATR	SATM	ACT/SAT TOTAL	GPA	SCHOLARSHIP AWARDED
		Enrolled		Eligible		BUS SCH DEAN:
		Yes	No	Yes	No	GOLDEN EAGLE:
						GOLD FRESHMAN:
						BLUE FRESHMAN:
				GOLD TRANSFER:		
				BLUE TRANSFER:		

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