

# LINCOLN UNIVERSITY

## TITLE III SCHOLARSHIP APPLICATION

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

**Before this application can be approved, the following stipulations must be adhered to:**

1. Applicants must have been full-time employees of the University for at least one year.
2. Applicants must be working on a terminal degree within their area of current employment.
3. Proof of acceptance into a degree seeking program must be provided.
4. A transcript must be provided as proof of satisfactory completion of courses (for current scholarship recipients).
5. All required documents and all parts of the application must be completed and turned into the Title III office by the deadline date.

Name: \_\_\_\_\_ Title \_\_\_\_\_ #of Years at LU \_\_\_\_\_

Home Address \_\_\_\_\_ Phone# \_\_\_\_\_

Campus Address \_\_\_\_\_ Campus Extension# \_\_\_\_\_

Institution Enrolled \_\_\_\_\_  
Semester/Session application is for: Spring Summer Fall

Name of degree sought: \_\_\_\_\_

**CREDIT HOURS:**

Currently Enrolled \_\_\_\_\_ + Completed To Date \_\_\_\_\_ + This Application \_\_\_\_\_ + Remaining \_\_\_\_\_ = Total \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

**ANTICIPATED COSTS:**

Please indicate below the amount requested for the semester/session noted above (please be as specific as possible).

A. Tuition: # of Hrs. \_\_\_\_\_ X \$ \_\_\_\_\_ Per Semester Hr. = \$ \_\_\_\_\_

B. Activity Fees \$ \_\_\_\_\_

TOTAL AMOUNT REQUESTED \$ \_\_\_\_\_

If awarded the grant, the Professional Development Program will pay directly the institution where you are enrolled. In order to do this, the Title III Professional Development Office will need either your pre-enrollment receipt or invoice from the institution where you are enrolled.

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**Please write a brief statement explaining how this course of study will enhance your professional career in your chosen field (limit 50 words or less).**

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**Applicant Signature**

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**Signature of:  
Dean of Administration and Student Affairs  
Or  
Vice-President of Academic Affairs**

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**FOR TITLE III OFFICE USE ONLY**

**APPROVED** \_\_\_\_\_

**NOT APPROVED** \_\_\_\_\_

**AMOUNT GRANTED \$** \_\_\_\_\_

**DATE:** \_\_\_\_\_