

NDIA Leonard P. Gollobin Graduate Scholarship APPLICATION

Full Name: _____

Mailing Address: _____

Email Address: _____

Social Security Number: _____

Phone Number: _____

Parent or Legal Guardian (only if candidate is minor at application): _____

Graduate College or University you plan to attend (include full mailing address): _____

GRE or other Graduate entrance exam score: _____

Degree program you are planning to enter: _____

UNDERGRADUATE DEGREE INFORMATION

College GPA: _____ Basis for GPA: 4. Or 5. (Circle One)

Major: _____

Minor (if applicable): _____

Hours needed to complete degree: _____ Graduation Date: _____ or Expected Graduation Date: _____

Have you applied or received funding from the Gollobin Scholarship Program before? YES NO

If so, when? _____

List outside activities or hobbies in which you are involved and briefly describe why they interest you (50 words or less each): *

1.

2.

3.

4.

