

Osher Reentry Scholarship Application Form

Name:				
Address:			City:	
State:	_ Zip code:	E-mail:		
Home phone:		Work phone:	Cell phone:	
Colleges/unit		· · · · · · · · · · · · · · · · · · ·		
GPA at SCS		Inte	ended major:	
Expected gra	aduation date (montl	n/year):		
Employer:				
Job title (if ap	oplicable):			
			interests outside academ tion (attach a separate sh	ia, and/or honors and recognition eet, if needed).
Have you ev	er received an SCS	scholarship?	es, term	
			tion is correct. I understar larship may be revoked.	nd that if any information provided
Signature:			Date:	
Return to:		niversity School of Co Scholarship Committe		

Wieboldt Hall, 6th Floor 339 East Chicago Avenue Chicago, Illinois 60611