

Solveig E. J. Balestracci Scholarship Application 2009-2010

Student Name _____ ID# _____

Permanent Address _____

City/State/Zip _____

Telephone _____ Cumulative grade point average(GPA) _____

Major _____ Minor _____

Your class next year (2009-2010) ___ freshman ___ sophomore ___ junior ___ senior

1. What are your career plans and/or plans for graduate school?

2. Describe extracurricular activities (i.e. clubs, organizations, athletics, etc.) in which you have been involved.

3. Describe your participation in community service and/or volunteer organizations.

4. Please list any honors and/or awards you have received.

5. Please describe your employment history.

EMPLOYER	DATES	TYPE OF WORK
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6. Describe any obstacles that you have overcome in the pursuit of your education.

I authorize release of my relevant demographic, academic and financial aid information to the selection committee and/or fund donor. I understand that I must file the 2009-2010 Free Application for Federal Student Aid (FAFSA) to be considered for scholarship assistance.

Student Signature

Date

Application MUST be returned by June 5, 2009 to:
University of Massachusetts Dartmouth
Financial Aid Office
Foster Administration Building
285 Old Westport Road
North Dartmouth, MA 02747