

Graduate Scholarship Program

Graduate scholarships will be awarded for the semester (fall, spring, and summer) in the following amounts per semester:

- \$ 500 - \$ 1,500 based on GPA, demonstration of need and credit hours enrolled in

Eligibility

Programs:

- Master's Degree seeking students at the University of Saint Francis

Academic:

- Undergraduate GPA of 3.0 / 4.0
- Graduate GPA of 3.4 / 4.0
- Maintain a 3.0 Graduate GPA

Other:

- Must apply and be accepted into a graduate program
- Must file the Free Application for Federal Student Aid
- Demonstrate some degree of financial need
- Apply by July 1 for Fall, November 1 for Spring and April 1 for Summer
- Graduate scholarships will be awarded for one semester.
- Must register for at least 6 graduate credit hours
- Must re-apply for the graduate scholarship each semester

Application Procedures

- Obtain an application from the Graduate School or from the Graduate Studies website
- File the FAFSA
- Return the completed application to:

University of Saint Francis
Graduate School
2701 Spring Street
Fort Wayne, IN 46808

Applicants will be notified of the decision by letter. If accepted for the graduate scholarship, the amount will be deducted from the student's bill.



Application for Graduate Scholarship

Name _____
First Name Middle Name Last Name

Permanent Address: _____
Street City State Zip Code

Telephone Number: (____) _____ USF ID# _____

List graduate program to be followed:

- | | | |
|-----|-----|---------------------------------------------------------------------------------------------------------------|
| Yes | No | |
| ___ | ___ | I have filed an application for admission to the Graduate School |
| ___ | ___ | I have filed the FAFSA |
| ___ | ___ | I have been accepted to a specific Master's program |
| ___ | ___ | I have requested an official transcript of my bachelor's degree to be sent to the <u>Office of Admissions</u> |

I plan to start (or have started) my graduate program: ___Fall ___Spring ___ Summer
Year: _____

I am applying for a scholarship for the following semester ___Fall ___Spring ___ Summer

Signature of Applicant Date

Complete the application and return to: University of Saint Francis
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Office use only:

EFC _____ GPA _____ Credit Hours Enrolled in _____
Accepted _____ Denied _____ Date _____ Semester/Year & Amount _____