

**The School of Arts and Sciences Liberal Arts Scholarship
Examination
The University of Saint Francis
Registration for the Luncheon and Exam**

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Cell Number: _____

E-Mail Address: _____

Number attending (including student and parents): _____

Enrollment Information

Have you applied and been accepted to the University of Saint Francis in one of the following programs: English, History, Ministry, Philosophy, Political Science/ Pre-Law, Sociology, and Theology? _____ Yes _____ No

If you have the date when you applied please include it here: _____

Semester of Entry to USF: _____ Major: _____

Academic Information

High School: _____ City/State: _____

Graduation date: _____

Mail, FAX, E-mail or Hand Deliver this application to:

Ms. Angela Springer, Administrative Assistant
The School of Arts and Sciences
University of Saint Francis
Pope John Paul II Center, Room 317
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Fort Wayne, Indiana 46808
(260) 399-8066 (Office)
(260) 399-8172 (FAX)
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