



Scholarship Application

Please complete application in its entirety and submit a resume highlighting your leadership roles, extracurricular activities, and academic experience.

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax (If Applicable): _____

Email: _____

High School Name: _____

High School Address: _____

City/State/Zip: _____

High School Phone Number: _____

Guidance Counselor/Nominator's Name: _____

Guidance Counselor/Nominator's Email: _____

Guidance Counselor/Nominator's Phone Number: _____

SAT Math: _____ SAT Verbal: _____ SAT Writing: _____ SAT Total Score: _____

ACT Score: _____

Class Rank: _____ out of _____ Grade Point Average: _____ out of _____

Expected Indiana State University Major: _____

Expected Indiana State University Minor: _____

APPLICATIONS MUST BE POST-MARKED BY DECEMBER 1, and sent to:

**The Gongaware Center
College of Business
Indiana State University
Terre Haute, IN 47809**

For more information, please contact a member of the scholarship team at 812.237.2038, toll free at 888.269.4460, or by e-mail at gongaware@indstate.edu

www.indstate.edu/business/gongaware