ADP SCHOLARSHIP APPLICATION

Please print or type the information requested below.

Name: _______________________________  Student ID #:  927
Major: _______________________________  GRU e-mail: ________________

Please write a paragraph or two about your academic and life goals:


Please provide the names and departments of two GRU faculty members we may contact for a recommendation:

Faculty Member: ________________________________
Department: ________________________________

Faculty Member: ________________________________
Department: ________________________________

Return this form by e-mail or hard copy to the chair of the department that houses your major no later than 4:30 pm on Wednesday May 1.
Biology – Dr. Griner, richard.griner@gru.edu
Chemistry and Physics – Dr. Crute, tcrute@gru.edu
Mathematics – Dr. Terry, chris.terry@gru.edu