JAMES FROST SCHOLARSHIP

AWARD: $5,000

CRITERIA FOR ELIGIBILITY:

1. Resident of Connecticut
2. Must be accepted for full time admission at one of four state universities
3. Must have a minimum 2.5 GPA (A = 4.0)
4. Must be a student who has completed his/her Associate’s degree at a CSCU Community College and plans to matriculate directly to one of state universities to pursue a bachelor’s degree in the arts and sciences
5. Applicant must demonstrate financial need
6. Applicant must provide a reference from a faculty sponsor
7. The University will confirm both the applicant’s financial need through review of the FAFSA and their GPA through review of their transcript before final selection by the CSCU Foundation
8. Award is renewable for one year based on academic performance (3.0 or better)

TIMETABLE

1. All application materials are due by email on May 3, 2019.

Return to: Terri Raimondi
CSCU Foundation
raimondit@ct.edu
Subject line: CSCU Scholarship Application

2. All materials must be received before your application can be reviewed.
3. Scholarship winners will be selected by the CSCU Foundation Board and named by May 17, 2019.
JAMES FROST SCHOLARSHIP APPLICATION

Name: ____________________________________________

Phone: ____________________________________________

Email: ____________________________________________

Address: ____________________________________________

Parent/Guardian Name: ____________________________________________

Phone: ____________________________________________

Name of Community College: ____________________________________________

Intended University & Major: ____________________________________________

**Personal Statement:** Please attach to this application a 1-2 page typed, well planned personal statement giving a brief history of your background and interest in the arts and sciences, achievements, activities, career goals and any other information relevant to being selected for this scholarship.

**Reference:** Please include letter of reference from faculty sponsor with your application and include their name and email/phone number.

Faculty Sponsor: ___________________ Phone: ___________________

Email Address: ___________________

**Please sign and date your application:**

Student Signature: ___________________ Date: ___________________

**Media Release**

I understand that as a scholarship recipient my name and image may be used to promote the Connecticut State Colleges and Universities Foundation scholarships as part of its publicity activities. I understand that publicity activities may include, but are not limited to, digital media, news articles, announcements, websites and video. By accepting a scholarship, I consent to having my likeness, voice, name, community and profile in print, and to the use of photographs and/or recordings for promotional activities for the Connecticut State Colleges and Universities Foundation.