

Scholarship Application
Department of Physics and Astronomy
University of Kentucky

This application form should be printed out and returned to **Scholarships Committee, Department of Physics & Astronomy, University of Kentucky, Lexington, KY 40506-0055**, or faxed to (859) 323-2846. The deadline for receipt of this application and all required materials is **March 23, 2009**. More information on the Physics Scholarships Program is available at <http://www.pa.uky.edu/undergrad/>.

Name _____
Last First M.I.

Permanent Address _____
Street/Route

City State Zip

Social Security No. _____ **Phone** _____ **Email** _____

If you are not currently a UK student, please answer the following questions:

High School _____
Name City State

Rank in H.S. Class _____ **H.S. GPA** _____ **Graduation Date** _____
(e.g. 50th in 100) (4.0 scale) unweighted weighted

ACT Scores _____
English Math Social Sci. Natural Sci. Composite

SAT Scores (if taken) _____ **SAT II** _____
Verbal Math Physics Math Other

H.S. Physics (or other Science) Teacher _____ **Phone or e-mail** _____

Have you applied for Fall 2008 admission to the University of Kentucky? _____

Have you applied to the University Honors Program? _____ Intended UK Major(s) _____

If you are now or have been enrolled in a college, university (including UK), or other school since you graduated from high school, please complete the following. List additional schools on additional sheets if necessary.

School Name _____ **Location** _____

Enrollment Dates _____ **Major Field(s)** _____
From To

Current Grade Status _____ **GPA** _____
(Freshman, ...) (4.0 Scale)

LAST SCIENCE AND MATH COURSES COMPLETED

(indicate level and where taken)

DATE

GRADE

CURRENT SCIENCE AND MATH COURSES

SCHOLARSHIPS (current or applied for)

DATE

AMOUNT

WORK EXPERIENCE (most recent)

DATE

REFERENCE

If you wish to provide any additional information for the Scholarships Committee to consider, you may do so in the space below. (Attach additional sheets if necessary.)

Name and address (if different) of parent, guardian, or spouse:

Relationship _____

I certify that all the information provided on this form is true and accurate. I authorize the Scholarships Committee to make any necessary inquiries in determining my eligibility for an award.

Student's Signature _____

Date _____