

GRADUATE ACADEMIC SCHOLARSHIP APPLICATION

Name _____

Address _____

City _____ State/Zip _____

Social Security No. _____ / _____ / _____ Phone No. () _____

Church _____ City/State _____

Anticipated Degree program _____ Anticipated Semester of Enrollment _____ 20 _____

Applicant's Signature _____

Undergraduate Information

Name of College _____

Address _____

Degree earned _____

Month/Year Graduated _____ Final GPA _____

Please attach an official copy of your final undergraduate transcript and mail or fax back to:

Please return to: Financial Aid Office, SAGU, 1200 Sycamore, Waxahachie, TX, 75165-2397