

**THE CATHOLIC UNIVERSITY OF AMERICA
RECOMMENDATION FOR GRADUATE SCHOLARSHIP AWARD**

NAME OF AWARD () University Half Tuition Scholarship [Org. # 220164]
(Do not select) () Centennial Half Tuition Scholarship [Org. # 220164]

SCHOOL/DEPT _____ **DEGREE PROGRAM** _____

AWARD TO BE SUPPLEMENTED BY \$ _____ **FROM** _____
(source other than University accounts)

* * * * *

STUDENT'S NAME _____ **ID #** _____

Mailing ADDRESS _____

E-Mail _____

TELEPHONE NO.: _____ **EFFECTIVE DATE OF SCHOLARSHIP** _____

DATE OF ADMISSION: _____

STUDENT CRITERIA

Undergraduate College: _____

GPA _____ **DATE OF BA/BS** _____

Graduate Institution: _____

GPA _____ **DATE OF DEGREE** _____

GRE Scores: V _____ Q _____ A _____ **TOEFL** _____

Proposed by _____
(Chair) Date

Endorsed by _____
(Assoc. Dean) Date

Approved by _____
(Graduate Dean) Date