

# APPLICATION

## for the Charles H. Selman Memorial Scholarship

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Alaskan Resident:    Yes        No

Were you a ProStart student?    Yes        No

How did you find out about our scholarship? \_\_\_\_\_

Highest Education at time of application:  
\_\_\_\_\_

Graduation or Completion Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Other certificates as applicable:  
\_\_\_\_\_

Name of Educational Institution:  
\_\_\_\_\_

Program Name:  
\_\_\_\_\_

Financial Office Address:  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Program Costs (per semester): \$ \_\_\_\_\_

(attach estimate if exact cost not available)

Other Sources of Financial Aid:  
\_\_\_\_\_  
\_\_\_\_\_

I'm applying for both semesters

Personal letter attached

Letter of recommendation attached

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_