## Lloyd L. and June S. Goff Scholarship Application Form

□Fall □Spring 20\_\_

Application and all required forms are to be completed and returned to Professional Education Programs Office.

Date:					
Name:_		Student ID No.:			
College	e Address:	Residence Hall or Street	City	State/Zip	Telephone
	Address: _	Street Birth:	City	State/Zip	Telephone
		attended with year of gra	duation:		
	•	nsas State University:			
	Semester hours completed:ACT				
		-			
		accepted into the Teache			
Expecte	ed date of g	raduation:			
		other work experiences:			
Do you	receive fin	ancial aid?			
List hon	ors, clubs, or	activities in college and co	ommunity, statii	ng offices held, if any	y.
Attachn	nents:				
1.	A statement regarding your future professional goals.				
2.	An updated transcript.				
3.	One letter of personal reference.				
	Two confidential rating scales from professors in your academic major (to be mailed be persons completing rating scale.) Indicate persons completing rating scales.				
	1			2	