

# PEPPERDINE UNIVERSITY

Graduate School of Education and Psychology

## 2003-2004 Colleagues Grant Application

To apply for a Pepperdine Colleagues Grant for 2003-2004 please complete this application and submit it to the GSEP Financial Aid Office, 400 Corporate Pointe, Culver City, CA 90230 or fax: 310-568-2399. Priority Application deadline: April 15, 2003.

**NOTE: Do not submit tax returns with this form.**

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

SS#: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### ENROLLMENT INFORMATION:

GSEP Academic Program for 2003-2004: \_\_\_\_\_

Anticipated number of units each term: Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

Cumulative GPA: \_\_\_\_\_

*NOTE:* Enrollment will be verified before grant/scholarship funds are paid to students' accounts each term. Students must be enrolled in a minimum of 6 units per term to be eligible for a grant/scholarship.

### INCOME INFORMATION:

2002 Total household income: \$ \_\_\_\_\_

Anticipated 2003 household income: \$ \_\_\_\_\_

*Please turn over*

**SOURCES OF INCOME:**

Please list all sources of income for 2002, including financial aid and support from relatives.

<b>Source</b>	<b>Amount</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please list any grants or scholarships, including the Cal Grant T, which you expect to receive for 2003-2004:

_____	\$ _____
Name	Amount
_____	\$ _____
Name	Amount

Do you receive company tuition reimbursement? Yes \_\_\_\_ No \_\_\_\_

If yes, amount and reimbursement policy: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information provided on this application is true and accurate to the best of my knowledge. I authorize the release of information contained herein to Pepperdine University and if I am awarded a scholarship, to scholarship donors.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_