

# AUSTIN PEAY STATE UNIVERSITY - BIOLOGY DEPARTMENT SCHOLARSHIP APPLICATION

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Name \_\_\_\_\_ Date \_\_\_\_\_

Scholarship for which I am applying: \_\_\_\_\_

*Please complete a separate form for each Biology Department Scholarship if you apply for more than one.*

CONTACT INFORMATION	
APSU ID# (if applicable): _____	
Mailing Address: _____	Email Address: _____
_____	Phone: _____
_____	
_____	

1) I am a:

- high school student admitted to APSU      ACT \_\_\_\_\_      GPA \_\_\_\_\_      H.S. Graduation Date \_\_\_\_\_
- high school student applying to APSU      ACT \_\_\_\_\_      GPA \_\_\_\_\_      H.S. Graduation Date \_\_\_\_\_
- college transfer student      GPA \_\_\_\_\_      Year \_\_\_\_\_      Graduation Date \_\_\_\_\_  
(Fr, So, Jr, Sr)
- currently enrolled APSU student      GPA \_\_\_\_\_      Year \_\_\_\_\_      Graduation Date \_\_\_\_\_  
(Fr, So, Jr, Sr)

2) My current or planned college Major: \_\_\_\_\_ Minor: \_\_\_\_\_

3) My primary academic interest is:

- biochemistry
- cellular/molecular biology
- ecology/environmental sciences
- microbiology
- wildlife management
- other \_\_\_\_\_

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Form must be submitted between November 1 and March 1 of the academic year preceding the award year.

Return Form To: Biology Department Scholarship Committee, APSU, PO Box 4718, Clarksville, TN 37044  
OR

Email To: [schillers@apsu.edu](mailto:schillers@apsu.edu)

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4) My primary career goal is to become a:

- |                                                             |                                                        |
|-------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> medical doctor                     | <input type="checkbox"/> research assistant/technician |
| <input type="checkbox"/> dentist                            | <input type="checkbox"/> government scientist          |
| <input type="checkbox"/> medical or radiologic technologist | <input type="checkbox"/> college professor/scientist   |
| <input type="checkbox"/> physical or occupational therapist | <input type="checkbox"/> park ranger                   |
| <input type="checkbox"/> pharmacist                         | <input type="checkbox"/> environmental activist        |
| <input type="checkbox"/> veterinarian                       | <input type="checkbox"/> private consultant            |
| <input type="checkbox"/> high school science teacher        | <input type="checkbox"/> other _____                   |

5) Please check the applicable box *and attach a statement of financial need, if appropriate.*

- |                                                                                                                            |                                                          |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> I am supported by my parents or spouse.                                                           | <input type="checkbox"/> I support myself.               |
| <input type="checkbox"/> I am partially supported by my parents or spouse but also must contribute to that support myself. | <input type="checkbox"/> I support myself and my family. |

6) If you have received a Student Aid Report after completing the FAFSA, please provide the Estimated Family Contribution (EFC) number. \_\_\_\_\_

7) List science courses taken to date and grade earned. Include any science course in which you are currently enrolled and indicate this by putting “currently enrolled” after the course name. Attach a copy of your transcript (unofficial or official) – applications without transcripts will not be considered.

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