



The University of Toledo Professional Staff Association Scholarship Application

The Professional Staff Council invites students to apply for the Professional Staff Association (PSA) Scholarship. This scholarship will be awarded annually to part-time or full-time students who are currently enrolled at The University of Toledo. Qualified applicants must have sophomore standing (30 earned hours) and hold a 2.5 GPA on a 4.0 scale by time of application for eligibility. Students must submit their completed application (to include 3 personal/professional references, their 500-word essay, as well as their letter of recommendation from a current UT PSA employee) to Deborah Krohn, PSA Scholarship Chair, at the following address.

Deborah M. Krohn, M.Ed.
Global Health Program Advisor – College of Medicine
Study Abroad Specialist – College of Business and Innovation
Scholarship Chair – Professional Staff Council
The University of Toledo
Stranahan Hall, Room 2017/Mail Stop 103
Toledo, OH 43606
Phone: 419.530.2549
Email: deborah.krohn@utoledo.edu

Students may also scan and email their documents (as one PDF attachment from their UT Rockets email account only) to deborah.krohn@utoledo.edu. Please note that applications must be submitted or postmarked by 5PM on Friday, April 1st, 2016 for consideration; no exceptions. Financial need (as determined by the FAFSA, www.fafsa.ed.gov) is also considered for this award. The total amount of scholarships awarded will be based on yearly funds available. Student awards are intended to be used to support the educational expenses of the recipient.

The 2016/2017 PSA Scholarship Application deadline is Friday, April 1, 2016 at 5PM.

Please print or type the following information.

Name: _____ Rocket Number: _____

Local Address:

Street address, City, State, Zip Code

Email Address: _____ Date of Birth: _____

Local Phone: _____ Cell Phone: _____

(UT Professional Staff Association Scholarship Application continued)

Permanent Address: (if different than local address):

Street address, City, State, Zip Code

Academic College: _____

Major(s): _____

Minor(s): _____

Degree: _____

Anticipated Graduation Date (term/year): _____

Earned hours at time of application (students' cumulative statistics may be found on the first row of their Degree Audit): _____

Essay Question: How will this scholarship impact your educational plan? (Please attach your essay (500-word minimum) to this application.

Please attach a letter of recommendation from a current UT PSA member. For a list of PSA members, please visit the PSA website for an updated member list: <http://www.utoledo.edu/org/psa/members.asp>.

Three personal/professional references: References may include employers, community leaders, coaches, faculty members, advisors, religious leaders, etc. Please include their names and phone numbers.

1) _____

2) _____

3) _____

I certify that the information contained in this application is complete, accurate, and true. I understand that any misrepresentation will result in the loss of scholarship eligibility. I understand that my signature allows The University of Toledo Office of Financial Aid permission to release the aforementioned information required for this application to include: demographics, academic status, and financial need.

Signature: _____ Date: _____