

Franklin College Undergraduate Scholarship Application Form

Name: _____ SS #: _____

School Address and Phone Number:

E-mail _____

Permanent Address and Phone Number:

Students whose Financial Aid information is complete with the UGA's Office of Student Financial Aid by May 1, 2008 will be considered for these scholarships.

Major: _____

Expected Graduation Date: _____

Reference 1:

Reference 2:

By my signature, I authorize UGA's Student Financial Aid office to release my student financial aid information to the Franklin College of Arts and Sciences.

Signature

Date