

**JUDITH A. BISCHOFF SCHOLARSHIP APPLICATION
DEPARTMENT OF KINESIOLOGY AND PHYSICAL EDUCATION**

Criteria: Scholarship for an undergraduate female or male student in the Department of Kinesiology and Physical Education (KNPE) who is in good standing and has demonstrated a potential for leadership. Awards are for one academic year. Recipients must have declared a major in KNPE.

DEADLINE: First Monday in April

Name: _____	Year in School: _____
Address: _____ (Local) _____	Phone: _____
Address _____ (Perm) _____	Phone: _____

Major: _____	Overall GPA: # hours: _____
Minor or Emphasis: _____	Department GPA: # hours: _____
Number of Credit hours (overall): _____	Number of Credit hours (Department): _____

Provide detailed information about the following and pay particular attention to your leadership involvement.

1. Involvement in Department/University:
2. Involvement in professional organizations:
3. Community service:
4. Career goals:
5. In 250 words or less, explain your potential as a future leader.
6. Please submit one letter of recommendation that specifically addresses your leadership experience or potential.

Required Signature:

I certify by my signature that to the best of my knowledge, I have provided full and accurate information concerning all questions on this application. I further understand that:

- I am required to disclose any factors that may affect my application, i.e., change in major, change in financial status, expulsion or dismissal from an educational institution for disciplinary reasons, pending criminal charges, conviction of a crime, etc., as a mandatory step in the application process. Disclosure of this information will not automatically bar an award, but will require review and evaluation by the selection committee.
- Failure to provide true and complete information may result in my application being ineligible for consideration or the withdrawal of any award offered to me.
- I give the committee permission to review/access my academic records for the purpose of awarding the scholarship.
- If selected, I give permission to share my name, hometown, and information related to my major with the donor of this award.

Signature

Date