

**PHYSICAL EDUCATION SCHOLARSHIP APPLICATION
DEPARTMENT OF KINESIOLOGY AND PHYSICAL EDUCATION**

Criteria: Women majoring in physical education. Department and university GPA of at least 3.0, have completed a minimum of 72 semester hours (at least 24 hours from NIU as a major). Demonstrate outstanding professional qualities in leadership, service, and professional activities in the department, on the campus or in the community, possess personal characteristics which are judged as desirable qualities for a member of the profession.

DEADLINE: First Monday in April

Name: Are you an undergraduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year in School:
Address: _____ (Local) _____	Phone: _____
Address _____ (Perm) _____	Phone: _____

Major:	Overall NIU GPA:	# hours:
Minor or Emphasis:	Department GPA:	# hours:
Teacher Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Credit Hours (Department:	
Number of Credit Hours (overall):		

Please complete the following:

1. Involvement in Department, University, or Professional Organizations:
2. Community Involvement:
3. Additional Pertinent information:

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