

**ELIZABETH A. PATTERSON SCHOLARSHIP APPLICATION
DEPARTMENT OF KINESIOLOGY AND PHYSICAL EDUCATION**

Criteria: An undergraduate student with strong academic credentials who is interested in pursuing a career in kinesiology and physical education. This may include a student who is an incoming freshman, transfer student, or a continuing student. In addition, the recipient should have participated in service to the department, college, university, community, and/or the profession.

DEADLINE: First Monday in April

Name: Which best describes you? Incoming freshman <input type="checkbox"/> Incoming transfer <input type="checkbox"/> Continuing student <input type="checkbox"/>	Year in School: _____
Address: _____ (Local) _____	Phone: _____
Address _____ (Perm) _____	Phone: _____

Current NIU student only Major: _____ Minor or Emphasis: _____ Overall GPA: _____ # hours completed: _____ Department GPA: _____ # hours completed: _____	Incoming student only: ACT or SAT: _____ Undergraduate freshman: High School GPA: _____ Position Class / _____ Transfer GPA: _____ College
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Provide detailed information about the following:

1. Involvement in Department, University, or Professional Organization:
2. Community Service:
3. Career Goals:
4. Any additional qualifications for this scholarship:

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