



*Dr. Leslie O. Carlin*  
*Endowed Scholarship Application*  
*For Incoming Freshman*

**Section I** (Please print)

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Last Name	First	Middle
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Home Street Address	City	State	Zip Code
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\_\_\_\_\_

Social Security Number	Home Phone Number	Date of Birth	CMU Global E-mail Address
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\_\_\_\_\_

High School Attended	Year of Graduation	High School G.P.A.	ACT Score
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**Please list your participation within your school or community:**

**High School**

Name of organization	Offices held	Dates of participation (month/year)
_____	_____	from _____ to _____
_____	_____	from _____ to _____
_____	_____	from _____ to _____
_____	_____	from _____ to _____

**Community**

Name of organization	Offices held	Dates of participation (month/year)
_____	_____	from _____ to _____
_____	_____	from _____ to _____
_____	_____	from _____ to _____
_____	_____	from _____ to _____

**Employer**

Name of employer	Jobs performed	Dates of employment (month/year)
_____	_____	from _____ to _____
_____	_____	from _____ to _____
_____	_____	from _____ to _____
_____	_____	from _____ to _____

**Section II** (Please TYPE)

1. How family responsibilities or chronic health problems have prevented you from fully participating in extra-curricular activities.
2. Your future goals and aspirations.

**Section III-Letter of support**

You must include a letter or letters of support and recommendation with your application package.

**Selection Criteria** for the *Dr. Leslie O. Carlin Endowed Scholarship*

1. Demonstrated financial need to be determined by the Free Application for Federal Student Aid (FAFSA).
2. Acceptance as an undergraduate degree student who will begin as a freshman at Central Michigan University.

**I hereby attest to the accuracy of the information supplied on this application and authorize CMU to release information concerning this application and/or an official transcript of my academic record to endowed scholarship donors, their representatives or scholarship selection committees.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Note: Please submit applications before May 1<sup>st</sup>. Scholarship may be renewable.**

Please mail your complete packet to: **Dr. Leslie O. Carlin Scholarship Committee, Central Michigan University, Office of Scholarships and Financial Aid, Warriner Hall 202, Mount Pleasant, Michigan 48859.** Award winners must be admitted to CMU before final consideration. For further information, please contact Judy Boyd, telephone (989) 774-7427, fax (989) 774-3634 or toll free at 1-888-392-0007.

<b>For Office Use Only:</b>	
Date received:	Received by: (signature):
Information complete:	Follow-up required: