

Columbus State University
D Abbott Turner College of Business
Scholarship Application Form
(Please read application information on reverse side)

Applicant Information

Name _____ Social Security # _____
Last First MI

Address _____ Phone # _____
Street

_____ E-Mail _____
City State Zip

High School _____

Major _____ Current Overall GPA _____

Please list the name of the scholarship you are applying for:

Please list, in order of importance any significant honors, awards, educational programs, and community activities. List each activity only once. Indicate if you held an office in a club or organization.

If awarded this scholarship, please briefly describe how you plan to use the award.

Have you applied for any other form of financial aid? YES _____ NO _____

Essay

Please submit a short essay about your chosen major and how you hope to incorporate your studies into your future career goals.

Please bring scholarship application to the DATCOB Student Services Center, located in the Center for Commerce and Technology Bldg. room 233.
Form may also be faxed to (706)568-2184 or (706)562-1669. Or mail completed application form to:

DATCOB Student Services Center (CCT 233)
RE: COB Scholarships
Columbus State University
4225 University Avenue
Columbus, GA 31907-5645