



APPLICATION FORM
CARYL L. LLOYD MEMORIAL SCHOLARSHIP

Instructions:

- ❖ Complete this application and submit along with (1) your statement expressing the value of language study, (2) your Resume/CV, (3) your EFC Report, and (4) a sealed (unopened/confidential) Recommendation Letter.
- ❖ Be accepted as a regularly admitted student to Columbus State University.
- ❖ Submit the application packet with all materials as electronic attachments by email between **February 14** and **February 25, 2022** to:
Dr. Joelle Bonamy, Chair
bonamy_joelle@columbusstate.edu
- ❖ Please refer questions to:
Dr. Joelle Bonamy, Chair
bonamy_joelle@columbusstate.edu

PLEASE PRINT OR TYPE INFORMATION

1. Full Name: _____
 2. Street Address: _____ City: _____ State: _____ Zip: _____
 3. CSU I.D. Number: _____ Date of Birth: _____
 4. State of Residence: _____ County of Residence: _____
 5. Telephone Number: (Home) _____ (Work) _____
 6. Email Address: _____
 7. Major: _____ Grade Level: _____
 8. GPA: _____
 9. Have you applied for any other form of financial aid? Yes No
- If Yes, list sources and amounts: _____

Signature

Date