



Starr Commonwealth Scholarship Application

Please, complete all required fields and where not applicable enter "N/A".

General Information:

Name:

Previous Name:

Date of Birth:

Street Address:

City:

State:

Zip Code:

Telephone:

Email:

Last Starr Program Attended:

Departure Date from Starr Program:

First-time applicant: No¹ Yes

Educational History:

High School:

Date of diploma:

Post-Secondary Institution:

Educational Program Information:

Name of Institution:

Payment Address:

City:

State:

Zip Code:

Student ID Number:

Type of School:

¹ If "No", please, go to and fill out the REapplication.

Concentration:

Expected Completion Date:

Registered/Registering for term: Fall Winter Spring Summer N/A



Financial Status

Amount of Grants and Scholarships already received: \$

Expenses:

Tuition: \$

Fees: \$

Books & Supplies: \$

Room & Board: \$

Total Expenses: \$

****We must receive a copy of your school's financial aid award letter****

Essay:

Please, complete a brief essay on the following:

- State your educational goals and how this scholarship will aid in achieving them.

- What have you learned from Starr Commonwealth and how has this helped you?

Certification:

I hereby certify the information provided in my application is true and complete.

Applicant's Signature

Entering your name suffices as your
electronic signature for this document.

Date