

Graduate Scholarship Application

Institute for Learning in Retirement (ILR)

Any Discipline

Two Years, \$2000/semester

Award Begins Fall 2018 Semester

Application Period: January 1 to May 31, 2018

<http://www.oduilr.org/content/scholarship-program>

757 368-4160

Submission

Please send this application and related materials to the ILR at the address below.

ODU Institute for Learning in Retirement
1881 University Drive, Room 125
Virginia Beach, VA 23453

Applicant

Student Name: _____

Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Mobile Phone _____

Email: _____

Post-secondary Education

Please list each college or university attended, most recent first. Use additional sheets if needed. For each institution list the name, city, state, cumulative GPA, degree obtained, and program of study or degree obtained and year awarded or anticipated award date.

Please provide official transcripts for each college or university attended.

Institution	City	State	GPA	Degree or study program

Extracurricular activities

Please list any extracurricular activities or community service activities. Include dates.

Period	Activity

Honors, Awards, and Recognition

List any honors, awards, or other recognition received. Include dates awarded.

Date	Award

Current Employment

Please list your current employer (resume optional)

Organization: _____

Telephone: _____

Address: _____

Supporting Information

Please provide the following supporting information with your application.

1. A one page double spaced personal essay describing your interest in the ILR scholarship and your educational and career goals.
2. Two letters of recommendation from professors or employers.
3. Official transcripts from all colleges attended
4. Proof of Virginia residency (a utility bill or driver's license copy)
5. FAFSA submitted to ODU
6. Application to an ODU graduate program and certification by ODU that the applicant is eligible for the intended program

Certification

I certify that the information I have provided on this application is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Authorization

I hereby authorize ODU to provide and ILR to receive all personal and private information relevant to this application.

Signature: _____ Date: _____