

**Application Deadline February 1**

Name \_\_\_\_\_ Date \_\_\_\_\_

TTUID: R \_\_\_\_\_ Classification at TTU: \_\_\_\_\_ E-mail: \_\_\_\_\_

Major: \_\_\_\_\_ Minor \_\_\_\_\_ Dual/Double Major: \_\_\_\_\_

GPA's at the end of last semester: CUMULATIVE \_\_\_\_\_ CLASSICS \_\_\_\_\_

Total number of semester hours completed at the end of last semester \_\_\_\_\_

CLASSICS courses completed and grade received:

Course \_\_\_\_\_ : Grade: \_\_\_\_\_ Course \_\_\_\_\_ : Grade: \_\_\_\_\_

Course \_\_\_\_\_ : Grade: \_\_\_\_\_ Course \_\_\_\_\_ : Grade: \_\_\_\_\_

Course \_\_\_\_\_ : Grade: \_\_\_\_\_ Course \_\_\_\_\_ : Grade: \_\_\_\_\_

Course \_\_\_\_\_ : Grade: \_\_\_\_\_ Course \_\_\_\_\_ : Grade: \_\_\_\_\_

Honors received: \_\_\_\_\_

\_\_\_\_\_

Name of Classics Faculty member to contact about your essay/project: \_\_\_\_\_

Participation in programs and activities sponsored by the CLASSICS Division and CMLL (include offices held)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lubbock address: \_\_\_\_\_ zip \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

High School attended: \_\_\_\_\_ City, \_\_\_\_\_ State \_\_\_\_\_

Post-graduation plans:

\_\_\_\_\_

\_\_\_\_\_

Please attach a separate sheet to the scholarship application, explaining any need for financial assistance and a 1-2 page statement describing your reasons for, and your main achievements in, studying Classics to date.

Should I receive a scholarship award, I authorize Texas Tech University to publicly acknowledge/recognize me as an award winner to the original donor(s) of the scholarship or their designees, at any Texas Tech University award events and on any Texas Tech University websites. I also consent to the public release of such information to parents, private and public media and other publications including video, newspapers, magazines, etc.)

In addition, I understand and accept that as a condition of the scholarship, I may be required to write and send a personal thank you letter to the donor(s) of the scholarship or the selection committee. If I wish that my scholarship award be kept confidential, I must submit that the request in writing to the institutional department awarding my scholarship.

I acknowledge and agree to the conditions stated above. (check box)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Return this form, the required attachments and an unofficial copy of your TTU transcripts to Carla Burrus, CMLL 200A, by **February 1**.