CLAYION STATE UNIVERSITY

All application items <u>must</u> be submitted via email to <u>launchpad@clayton.edu</u>. Please put "Scholarship Application – YOUR LAST NAME" when submitting materials. Any questions, please contact <u>launchpad@clayton.edu</u>.

Full Legal Name:	Laker ID):		
Telephone:	Email:			
Street Address:	City:	State:	Zip:	
Date of Birth (mm/dd/yyyy):	Gender Identity: □ Male	☐ Female	☐ Prefer not to respon	d
Select one: ☐ Incoming Freshman ☐ Cu	urrently Enrolled Student	Transfer Studer	t	
High School Students: ☐ Junior ☐ Se	enior ACT Score	_ SAT Score	GPA	_
College Students: ☐ Freshman ☐ Sophomo	ore 🗆 Junior 🗆 Senior Majo	or GPA	Cumulative GPA	
Select your major: ☐ Computer Science	☐ Information Technology	☐ Mather	natics	
Expected College Graduation (Year and Seme	ester):			
Name(s) of School(s) Attended (list most rece	ent school first):			
1				
2				
Do you receive financial aid from other sourc	res?			
Resource	Amount \$			
Resource	Amount \$			
Application essay requirements: Each application essay requirements: Each application two pages in length, double spaced, 12-effectively in writing covering the following: Or Your reasons for applying to Or Strengths/experiences that no Experiences related to the teach complish Or Professional plans after grad	point font, and should be a stro the Launchpad leadership Acac nake you a unique/valuable add ch industry (paid or volunteer) ments, and special skills (multi-	ong example of lemy. dition to the pro	your ability to communic	ate
Letters of Reference requirements: Each app Reference forms are attached. At least one current students) or previous professor/t previous supervisor, mentor, or leader.	reference should be a Clayto	n State profes	sor or staff member (fo	
I give permission to the College of Informat	ion and Mathematical Science	s to review all I	my academic records.	
Signature of Applicant	Date		<u> </u>	

Deadline: April 15

Scholarship Reference Form

program through the College of Information and Mathematical Sciences at Clayton State University and has requested

(applicant name) has applied for the Launchpad scholarship

f	or you to be a reference. Please provide a letter of reference for this student indicating the duration and nature of your
r	elationship and focusing on student's character, initiative, inventiveness, academic/professional achievements, etc.
	Reference Signature Title

Please return this completed form directly to: Launchpad Scholarship Committee Chairperson College of Information and Mathematical Sciences Clayton State University 2000 Clayton State Blvd. Morrow, GA 30260

Email: launchpad@clayton.edu

Deadline: April 15

Email Address______ Contact Phone Number

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program through the College of Information and Mathematical Sciences at Clayton State University and has requeste
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