

SCHOLARSHIP APPLICATION

The Department of Management, Marketing, and Logistics

John Carroll University

Please Print or Type

Name: _____
Last First Middle

Address: _____

High School: _____; County of High School: _____

Banner Number: _____

Telephone(cell): _____ Permanent Address: _____

Major(s): _____ Minor(s): _____

Overall GPA: _____ GPA in major(s): _____ Credits hours earned (including Spring semester): _____

Expected semester of graduation (Semester / Year): _____

Additional Information Needed:

Work/Internship Experience

Company/Organization	Position/Role	Work Dates

Organization/Club/Event Participation

Organization/Club/Event	Position/Role	Participation Dates

Please list below