APPLICATION FOR HISTORY SCHOLARSHIPS

DEPARTMENT OF HISTORY
GEORGIA SOUTHERN UNIVERSITY

Return Completed Application Packet To:
Department of History
Scholarships Committee Chairperson
P.O. Box 8054
Statesboro, GA 30560-8054

Or: Forest Drive Bldg., History Main Office #1105

Questions?
Contact 912-478-4478 (HIST)
Deadline for Receipt of Application:
4:00 p.m. February 2, annually

Mark the appropriate enrollment status:

☐ Georgia Southern University Student: ☐ 1st Year ☐ 2nd Year ☐ 3rd Year ☐ 4th Year ☐ Graduate

Degree Program: ___________________________ Concentration, if known: ___________________________

Anticipated Graduation Date: ________________ Current GPA: ________________

Name: ____________________________________ Eagle ID #: ______________________

Last First

Permanent Address: ____________________________

Street City State Zip

Local Address: ________________________________

Street City State Zip

Local/Cell Phone: (_____)______________________ Permanent Phone: (_____)______________________

Georgia Southern Email: ______________________ (you will receive further information at this email)

Names of two History Faculty who are submitting recommendations in support of your application (Be sure to
download the Recommendation Form to give to these professors):

Identify which scholarship(s) you are applying for. Be sure you are eligible for that scholarship and that your
application fulfills criteria for that scholarship.

☐ Richard S. Beene Memorial Scholarship ☐ R. Frank Saunders Memorial Scholarship

☐ Sally T. Gershman Memorial Scholarship ☐ Michael E. Shaw Scholarship in History

☐ Dr. George A. Rogers, Jr. Scholarship in History ☐ Jack N. and Addie D. Averitt Foundation Scholarship in

History

Please submit the following with this application:

• Applicant’s statement
• Evidence of scholarly research, i.e., a research paper (include name of course and professor)
• Unofficial transcripts identifying GPA

I have read the scholarship guidelines and procedures on the information page of this application and ask that I be considered for an award with the full understanding of the
conditions. I give permission for release of information requested from the Georgia Southern Admissions Office, which may include evaluations by teachers, SAT scores, and
other information necessary to determine my qualifications for an award. I understand that evaluations will be kept confidential, and I waive any right of access to them.

__________________________________________ Date

Applicant’s Signature