

THE CONNIE B. GLAZE MEMORIAL SCHOLARSHIP
(CCS EMPLOYEES ONLY)

The College of Continuing Studies at The University of Alabama is proud to announce that applications are being solicited for the **Connie B. Glaze Memorial Scholarship** for the 2008-09 academic year.

AMOUNT: Variable

AVAILABILITY: Each Year

ELIGIBILITY: Must be a support staff member (clerical/secretarial) of the College of Continuing Studies, working a minimum of 25 hours per week. Recipients must be a part-time or full-time student, undergraduate or graduate either currently enrolled or accepted for admission.

You may obtain a printed application from: Karen Walker
126 Martha Parham West
348-0089

It is the applicant's responsibility to ensure that all required materials are submitted by the application deadline. **Applicants must submit a complete application packet.**

POSTMARK APPLICATION DEADLINE: DECEMBER 15, 2007



Expect More.

www.BamaByDistance.ua.edu 1-800-467-0227

Connie B. Glaze Memorial Endowed Scholarship (INTERNAL APPLICANTS ONLY)

I. DEMOGRAPHIC INFORMATION

Name:

Last	First	Maiden or M.I.
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Address: _____

Home phone _____ Work phone: _____

Date of Birth _____ S. S. Number: _____

II. Education

High School _____ Graduation Date: _____

Academic Area of Concentration: _____

List all colleges attended. Please include dates of attendance:

III. EMPLOYMENT/FINANCIAL

What position do you hold at the College of Continuing Studies?

_____ Hours per week: _____

Will you be receiving any other types of financial aid? Yes ____ No ____
If yes, what kind? _____ Amount? _____

II. In the space below, explain why you are a deserving candidate for the Connie B. Glaze scholarship. Please address specifically your educational and professional goals. (You may attach an additional sheet if needed)

IV. ENCLOSE THE FOLLOWING ITEMS WITH YOUR APPLICATION:

1. A copy of your most recent transcript (High school or College)
2. A list of academic achievements, honors, leadership activities and work experience
3. Two letters of recommendation

I hereby claim as correct to the best of my knowledge all information presented by me on this application and grant permission for verification of the same.

Signature of Applicant

Date

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