

UNIVERSITY OF LOUISVILLE

Debate Scholarship Application

APPLICANT INFORMATION			
Last Name	First	M.I.	D.O.B.
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Social Security No.			

EDUCATION/DEBATE EXPERIENCE			
High School		Address	
From	To	Did you debate? YES <input type="checkbox"/> NO <input type="checkbox"/>	G.P.A.
Debate Experience	YES <input type="checkbox"/> NO <input type="checkbox"/>		
From	To		

Please list accomplishments in debate:

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Phone ()	
Address	
Full Name	Relationship
Phone ()	
Address	
Full Name	Relationship
Phone ()	
Address	

AWARDS/ ACCOMPLISHMENTS

EXTRA-CURRICULAR ACTIVITIES

High School:

College:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date