

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
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Please list below