



**Department of Political Science and Public Administration
Master's Degree Program in Public Administration
Scholarship Application Form**

Applicant Information

Last Name: _____ First: _____ M.I.: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Date of Enrollment: _____

S-Number: _____

During your time at AUM, please list any full-time jobs and internships:

Academic Information

Overall AUM GPA: _____ Total Semester Hours'Eqo r rgygf : _____

Eligible for Financial Aid: _____

Disclaimer and Signature:

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

Signature:

Date: _____