



PLEASE RETURN THIS COMPLETED FORM TO:
Charter Oak State College Alumni Association
Attention: Carol Hall
55 Paul J. Manafort Drive | New Britain, CT 06053
Email: foundation@charteroak.edu

MASTER OF SCIENCE DEGREE SCHOLARSHIP APPLICATION

The Charter Oak Alumni Association Masters Scholarship Program was created to financially assist deserving Charter Oak graduates pursuing a Master's Degree at Charter Oak State College.

The award amount is \$1,000 and will be given to an enrolled student for the Fall Semester. Prospective students can apply to both the College Master's Program and the Scholarship Program at the same time.

Scholarship Criteria:

Eligible students **will be graduates of Charter Oak State College pursuing a Master's Degree at Charter Oak State College** who have **shown outstanding academic and personal resilience, leadership experience, high academic standards, and solid career aspirations**. Special consideration will be given to minorities and other students in protected classes with demonstrated financial need.

The application requirements for the \$1,000 award include:

- Completed application (below).
- Essay no longer than 250-300 words (typed).
Your essay can articulate any challenges you have overcome to complete your education thus far, or describe your personal, academic, and professional goals related to academic success and leadership, including how Charter Oak has helped you in attaining your goals.
- A resume that details your educational, work, and volunteer experience, and any awards, certificates, or other earned recognition.
- Financial need statement – brief paragraph outlining financial need or challenge.
(Please **do not** send tax returns or bank statements.)
- Submit by Friday, August 2, 2019.**

COSC ALUMNI ASSOCIATION MASTER OF SCIENCE DEGREE SCHOLARSHIP - 2019 APPLICATION FORM

First Name: _____ Last Name: _____

Student ID # (if known) _____ Year Degree Earned from Charter Oak: _____ GPA _____

Ethnicity (Optional) _____ Family Status: Married Single Divorced Dependents (# of): _____

Current Street Address: _____

City, State, Zip _____

Phone: _____ Email: _____

COSC Graduate Program: _____ | Applied or Enrolled

Employed by: _____

If selected as the recipient of the Alumni Association Graduate Studies Award, will you be willing to attend a reception and be acknowledged and/or make at least one presentation about the College during the next year? Yes No

Please submit the application, essay, financial need statement, and resume by **Friday, August 2, 2019** to the contact info at the top of the form. Scholarship is awarded for Fall Semester start.