ELIM GRANT APPLICATION FORM

Fall / Spring / Summer   Semester   (circle one)

_____   (year)

Name: _____

Address:_____

_____

Phone/Email: _____

School: _____

Program of Study: _____

Expected Graduation Date: _____

Registered Courses this Semester: Credit Hours

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

In the space below, please briefly describe your educational goals and how the above listed courses will help you achieve these goals.