

Name \_\_\_\_\_

Date \_\_\_\_\_

## **Swope Citizenship Award APPLICATION**

(please attach your essay along with your electronic application)

### **Scholarship Criteria:**

The Swope Citizenship Award at Slippery Rock University exists to honor a current undergraduate student who has demonstrated leadership qualities within the Department of Music. Qualified candidates will not only have excelled in their musical endeavors, but emerged as leaders within the Department of Music student body through their participation in departmental events, encouragement of their peers, and dedication to the success of the department student body as whole.

In addition, qualified students will have met the following criteria:

1. Nominated by the established deadline. Nominations for the inaugural year were extended to all members of the Swope Citizenship Award student scholarship committee in recognition of their hard work and dedication to the scholarship creation process.
2. Completed the Swope Citizenship Award application by the established deadline.
3. Current undergraduate student within the Department of Music who has successfully completed at least one full semester of academic studies at Slippery Rock University.
4. Maintained a 3.25 cumulative GPA at the time of nomination.

**Award Amount:** \$1,000.

The Swope Citizenship Award recipient will be identified during the spring semester of the student's freshman, sophomore, or junior year. Past recipients are eligible to re-apply.

### **Application Process:**

Candidates will submit the following electronically to [colleen.gray@sru.edu](mailto:colleen.gray@sru.edu), by March 15.

1. A completed Swope Citizenship Award Application.
2. A one page essay answering the following questions: What leadership qualities and/or experiences have you incorporated into your time as a student at Slippery Rock University (both in and out of the Music Department) and how have these experiences shaped your undergraduate career at SRU?

# Swope Citizenship Award APPLICATION

## PERSONAL

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street Address

City State Zip

Cell Phone Number: ( ) \_\_\_\_\_

Home Phone Number: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## EDUCATION

	Major/Course of Study	GPA	Clubs/Organizations	Anticipated Graduation Date
Slippery Rock University				

Leadership roles/activities: (Please list type and date)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list special accomplishments, awards, professional trade, business or civic associations you would like us to consider (exclude any that would indicate sex, race, religion, national origin, age, color, disability or other protected status): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SIGNATURE

I have answered all questions to the best of my ability. Information on this Scholarship Application is accurate to the best of my knowledge.

I give Slippery Rock University, the Swope Citizenship Award Selection Committee, and the SRU Foundation permission to use information contained in my academic records and on my financial aid application during the review of my eligibility for this scholarship. I understand that additional information may be requested from me for this application process.

\_\_\_\_\_  
Applicant's Electronic Signature (please type your name)

\_\_\_\_\_  
Date