Franklin College Arts & Sciences Dean's Office Scholarship Application

Please fill out the form below, print, sign, and date.

Students whose financial aid information is complete with the University's Office of Student Financial Aid by the application deadline will be considered for any scholarships as indicated.

When completed, mail to:

Franklin College Dean's Office Attention: April Brown 300 Old College UGA Campus

Personal Information: Name:	UGA ID#
UGA email address:	
Local Address:	Phone Number:
Permanent Address:	
Major:	Expected graduation date:
WillyOT.	(Term/year)
Name of scholarships being applied for:	
1.	8.
2.	9.
3.	10.
4.	11.
5	12.
6.	13.
7⋅	14.

By my signature, I hereby authorize UGA's Student Fina	ancial Aid Office to release my financial aid	
information to the Franklin College of Arts and Sciences Scholarship committee.		
_		
Signature:	Date:	