## **COMPLETION SCHOLARSHIP APPLICATION**



Eligibility for this scholarship can only be determined once you register for your final semester. The application deadline is the course withdrawal deadline in the semester you plan to graduate.

**Step 1: To be completed by the student** 

| Name   | Ball State ID#   |
|--|--|
| Phone  |  |
| Degree(s)  | Major(s)   |
| First Attended Ball State: Year  | Semester   |
| Expected Graduation Date   |  |
| By signing below, I verify that I meet all   | of the following conditions:   |
| <ul><li>I know the courses I plan to take v</li><li>I am an Indiana Resident</li></ul> | ester and I have applied for graduation will complete my degree requirements  full-time freshman (not a transfer student) in or before  four calendar years        |
| Student Signature  | Date   |
| (advising@bsu.edu), not the Office of Fin  | o 1, please email this form to the Academic Advising Office ancial Aid and Scholarships or your faculty advisor. The Q 339. Phone 765-285-1161 with any questions. |
| Please review the criteria above for the stu   | adent, confirm that they are on track to graduate in the specified below. Send completed forms to Office of Financial Aid and                                      |
| ☐ Eligible ☐ Not Eligible  | e/Reason   |
| Coordinator Signature:   | Date:  |
| Step 3: To be completed by the Office o  | f Financial Aid and Scholarships   |
| FA Administrator Signature:  | Date Posted:   |
|  |  |