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**CARROLL COLLEGE**  
**APPLICATION FOR DR. ANNETTE MORAN CSJ ENDOWED**  
**SCHOLARSHIP IN THE HUMANITIES**  
**Academic Year 2018-2019**  
**Application Deadline: February 1, 2018**

**DESCRIPTION**

**The Dr. Annette Moran CSJ Endowed Scholarship was established in memory of Annette Moran in recognition of her contributions to Carroll College.**

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**ELIGIBILITY CRITERIA**

1. Academic integrity, a minimum of a 3.25 grade point average;
2. Full-time student (12 or more credits);
3. Financial need;
4. Majoring in Humanities: Theology, Philosophy, Languages and Literature, History, or Fine Arts;
5. Sophomore, Junior or Senior status.

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**SELECTION COMMITTEE & NOTIFICATION OF AWARDS**

A selection committee will review applications and select scholarship recipients. Carroll's Financial Aid Office will notify applicants of the results of the selection process.

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**APPLICATION PROCESS**

1. Complete the application on the back of this page.
2. Submit the completed application to the Financial Aid Office (ATTN: Financial Aid Director) no later than February 1, 2018.
3. Financial Aid Director provides committee members with the applications.

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**(See Over for Application)**

**CARROLL COLLEGE  
APPLICATION FOR DR. ANNETTE MORAN CSJ ENDOWED  
SCHOLARSHIP IN THE HUMANITIES**

**Academic Year 2018-2019  
(See Over for Information about Scholarship)**

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**PERSONAL INFORMATION**

Name \_\_\_\_\_ Student I.D. \_\_\_\_\_

Hometown Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Local Telephone No. \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Current Cumulative Carroll GPA \_\_\_\_\_ Last Semester's GPA \_\_\_\_\_

Total Credit Hours Earned \_\_\_\_\_ Academic Major \_\_\_\_\_

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This scholarship was established in the memory of Dr. Moran, a professor in the Theology Department, who often wished she could help students when financial challenges got in the way of education.

In an essay of 500 words or less please explain to the committee why you need this scholarship. Please attach typed essay to the application.

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I authorize Carroll College to provide the Dr. Annette Moran CSJ Scholarship Committee with the information it requests. I authorize my name and photo to be used for publicity purposes in the event I am selected as a recipient. I also certify that the information I have included in this application is true to the best of my knowledge.

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Signature

Date

**(See Over for Information about Scholarship)**

**FAC18MOR**