Charlotte Alumni Chapter of Saint Augustine's University Marlin D. Felder Scholarship Application

Last Name			Fi	st Name			MI	
SAU ID Number		Gend	ler	Male	Fema	ale		
		,						
Residential Addre	ss							
Home Phone		Cell Phone		Email addr	ess			
Home Phone		Cell Pilone		Lilian adai				
Parent/Guardian	Names							
Parent/Guardian (Occupation							
					•			
How many person	s depend o	n your parent/gi	uardian for	support?				
How many persons depend on your parent/guardian for support? Have you been accepted to Saint Augustine's University?						Yes	No	
Are you a full-time student at Saint Augustine's University?					Yes	No		
Are you a full-tillie student at Saint Augustine's Oniversity?								
High School Senio	r (name of h	nigh school)						
Address of High So	chool							
Name of Principal								
							·	
Graduation Date		Class F	Rank	/ Inter	nded Major at S	SAU		
SAU Student (list o	lassification	1)						
Major	r Anticipated Graduation Date							
Are you a previous CAC Scholarship Recipient? Yes No								
						J		
How did you learn	about this	scholarship? Ma	rk all that a	pply				
E-Blast		CAC SAU W	CAC SAU Website		SAU Alumni C	Office		
Friend		Recruiter			Other (specify)			

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Describe your financial need:							
List your extracurricular activities at Saint Augustine's University and in the community:							
List your honors and awards:							
Briefly share your employment skills:							