



The University of Kansas

SUMMER BIOTECH SCHOLARSHIP APPLICATION

12600 Quivira Rd., Overland Park, KS 66213

Instructions:

1. Please type or print clearly the following information. Turn in completed application, with all applicable signatures, to jtremi@ku.edu with the subject line: 'BIOTECH SCHOLARSHIP'.
2. If this form is incomplete, inaccurate, or not signed, it will not be considered.

Personal Information:

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Email: _____

Academic Information:

School (this Fall) _____

School Year (Grade; this Fall) _____

GPA (Most recent year) _____

College or University you plan to attend _____

Intended Major: _____

Do you qualify for a free or reduced lunch?

Yes No

Would an inability to pay for this program in full or in part, prevent you from attending?

Yes No

Explain Briefly:

Prior Lab experience (none required):

Explain how this program will help you attain your goals

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Student Signature: _____ Date: _____