APPLICATION FOR SCHOLARSHIP

FAULKNER UNIVERSITY

Master of Liberal Arts

TERM APPLYING FOR ADMITTANCE ☐ **Fall** ☐ **Spring** **Year** _____/

PERSONAL _____/ _____/ _____/
first name middle/maiden last

_____/
street address

_____/ _____/ _____/ _____/
city state zip code county

_____/_____/_____/_____/_____/_____/_____/
home phone with area code social security number email address

TEST SCOES GRE _____/ or MAT _____/ TOEFL if applicable _____/

FINANCIAL Will you apply for student loans? ☐ Yes ☐ No Will you use VA benefits? ☐ Yes ☐ No

SIGNATURE I hereby certify that all information provided to Faulkner University is true, accurate and complete.

_____/ _____/_____/_____/
signature date

NOTE Scholarship consideration is dependent upon completion of other admission forms and materials.

RETURN TO:
Dr. Michael R. Young
Director of the Master of Liberal Arts
Faulkner University
5345 Atlanta Highway
Montgomery, AL 36109-3390

FAX # 334-386-7115

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