

## Scholarship Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone No.( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

Country: \_\_\_\_\_ Visa Status: \_\_\_\_\_

Undergraduate College/University \_\_\_\_\_

Major: \_\_\_\_\_ GPA \_\_\_\_\_

Other education: list all institutions attended and dates:

Intended area of Specialization in Bioethics \_\_\_\_\_

Number of years anticipated to complete the program \_\_\_\_\_

Academic Year Scholarship Requested: \_\_\_\_\_

Do you have employer reimbursement for tuition expenses? Yes  No

If yes, please list details (amount) as part of this application. (use back if needed)

There is a limited amount of scholarship money awarded each year for merit or need.  
Please submit this form and include a paragraph of explanation of merit or need. (Use back)

Students interested in applying for a scholarship covering the upcoming academic year must be  
applying to The Bioethics Program and submit this scholarship application to:

Ann Nolte  
Assistant Director - Center for Bioethics  
Union Graduate College  
80 Nott Terrace  
Schenectady, NY 12308 USA