

International Student Scholarship Application

Gonzaga University Graduate School of Business

Overview & Policy

International Student Scholarships provide financial assistance to international students who demonstrate significant potential and benefit from graduate education. International Student Scholarship applications are evaluated on the basis of academic merit and financial need. Scholarships are awarded in the fall and spring semesters on a highly competitive basis.

Please Note: We are not able to provide these scholarship awards for summer courses. To be eligible, students must have a **non-immigrant** visa status. The deadlines to submit scholarship applications are **December 1** for spring, and **July 1** for fall. Students need to be fully admitted by the scholarship application deadline to be eligible.

Gonzaga University only grants scholarship funds for partial coverage of tuition and not for the payment of living expenses. **All other expenses must be provided by the student.** These scholarships cover up to 50% of credits taken in fall and spring semesters with a maximum of 4.5 credits in a semester.

Application

I wish to apply for an International Student Scholarship for (select one). Students must **reapply** each term.

FALL 20____ SPRING 20____

Please provide the best estimate for how many credits you will take this semester: _____

Please indicate your program: MAcc MSTax MBA MAcc/JD MSTax/JD MBA/JD

Student Information

NAME: _____ GU ID: _____
(First Name) (Last or Family Name)

LOCAL ADDRESS: _____
(Street) (City) (State) (Zip/Postal Code)

PERMANENT ADDRESS: _____
(Street) (City)

_____ (State/Province/District) (Zip/Postal Code) (Country)

LOCAL PHONE: _____ E-MAIL: _____

ENROLLMENT START DATE: _____ ESTIMATED GRADUATION DATE: _____

COUNTRY OF CITIZENSHIP: _____ VISA STATUS: _____

Please provide a statement of your financial needs and your signature on page 2.

Statement of Financial Need

Be sure to list all other financial obligations you currently have.

Signature

By signing this form I declare the information provided is true, correct, and complete. I give Gonzaga University authorization to verify all information and understand if I have provided false information, my immigration status may be jeopardized and my admission to Gonzaga University and any financial assistance I have received from Gonzaga may be revoked. I have or will have a **non-immigrant** visa status.

SIGNATURE: _____ DATE: _____

Mailing Address

To be considered for scholarship assistance, submit this form by **July 1** for fall and **December 1** for spring to:

GONZAGA UNIVERSITY GRADUATE SCHOOL OF BUSINESS 502 E. Boone Ave Spokane, WA 99258-0009 - USA	(509) 313- 7044 or (509) 986- 9585 ext. 7044 Fax: (509) 313- 5811 chatman@gonzaga.edu
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