

The PEERS Program at SHSU

2016-2017 Application for Scholarship Renewal

SSN or Sam ID #: _____ I ☐ would ☐ would not like to renew my PEERS Scholarship for 2016-2017.

Name: First _____ Middle Initial _____ Last _____

Official Mailing Address: (Award notification will be sent to this address)

Number & Street _____ Apt. # _____

City _____ State _____ Zip Code _____ Phone: (____) _____ - _____

E-mail _____ Cell Phone: (____) _____ - _____

In Fall 2016, I will be a: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate student

Declared Major(s): _____ Minor: _____

Note: Must be a full-time Mathematics, Statistics or Biology major during the semester receiving the scholarship.

Expected Graduation Date: (MM/YYYY): ____ / ____

Awards/Honors received Fall 2015 - Spring 2016: _____

Have you renewed your FAFSA Application for 2016-2017? ☐ Yes ☐ No

Note: A current FAFSA application must be on file with the Financial Aid office.

Did you take part in any research projects during the 2015-2016 academic year? ☐ Yes ☐ No

If yes, please name your research advisor(s) and briefly explain the project. _____

Did you take advantage of academic support services? ☐ Yes ☐ No

Did you pursue any type of career counseling or job placement? ☐ Yes ☐ No

Did you receive any help from your fellow PEERS students? ☐ Yes ☐ No

Did you recruitment any students into the PEERS group? ☐ Yes ☐ No

Did you go on any academic field trips? ☐ Yes ☐ No

If yes, what organization did you go with and where did you go. _____

Did you participate in any internships during the 2015-2016 academic year? ☐ Yes ☐ No

If yes, was it STEM related? ☐ Yes ☐ No

If yes, please give the name of the company or teacher your received it from. _____

Did you offer your time to help another PEERS student for mentoring? ☐ Yes ☐ No

Did you attend any Seminars during the 2015-2016 academic year? ☐ Yes ☐ No

If yes, please give a list. _____

Did you give any oral or poster presentations during the 2015-2016 academic year? ☐ Yes ☐ No

If yes, please name your research advisor(s) and briefly explain the project. _____

Did you take part in any other academic activity? ☐ Yes ☐ No

If yes, please give a brief description. _____

Were you employed during the 2015-2016 academic year? ☐ Yes ☐ No

If yes, was it on-campus or off-campus? _____

If yes, how many hours did you work per week? _____

Fall 2015 semester GPA: _____ Cumulative GPA through Fall 2015: _____

Comments:

I, THE UNDERSIGNED, HEREBY CERTIFY THAT THE ABOVE STATED AND ATTACHED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE SHSU TO REQUEST, RECEIVE, AND RELEASE INFORMATION CONCERNING MY ACADEMIC AND FINANCIAL STATUS TO/FROM THE SHSU REGISTRAR, FINANCIAL AID OFFICE, OR THE COLLEGE OF ARTS AND SCIENCES' ACADEMIC DEPARTMENTS.

STUDENT'S SIGNATURE _____ **DATE** _____

Please to Dr. Holt in LDB 439G, send it through campus mail to Box 2206 or email it to peers.shsu@gmail.com.

If there are any questions please, contact the PEERS personnel at peers.shsu@gmail.com or (936) 294-4859.