# Google
# Scholarship Application Form
## CLAYTON STATE UNIVERSITY

All application items must be submitted via email to launchpad@clayton.edu. Please put "Scholarship Application – YOUR LAST NAME" when submitting materials. Any questions, please contact launchpad@clayton.edu.

Full Legal Name: _____ CSU Laker ID:_____

Telephone: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Gender Identity: ☐ Male ☐ Female ☐ Prefer not to respond

Select one:

☐ Incoming Freshman      ACT Score_____     SAT Score_____     GPA_____

☐ Currently Enrolled Student ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior Cumulative GPA _____

☐ Transfer Student           ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior Cumulative GPA _____

Major: ☐ Computer Science ☐ Information Technology ☐ Mathematics ☐ Chemistry ☐ Biology ☐ Cybersecurity

Expected College Graduation (Year and Semester): _____

Name(s) of High School(s)/Universities Attended (list most recent school first):

1. _____ 3. _____

2. _____ 4. _____

Do you receive financial aid from other sources?

Resource _____Amount $_____

Resource _____Amount $_____

Application essay requirements: Each applicant must submit an essay with the application. Essays should be no more than two pages in length, double spaced, 12-point font, and should be a strong example of your ability to communicate effectively in writing covering the following:

        o Your reasons for applying to the Launchpad leadership Academy.

        o Strengths/experiences that make you a unique/valuable addition to the program

        o Experiences related to the tech industry (paid or volunteer)

        o Leadership roles, accomplishments, and special skills (multi-lingual, research, community engagement)

        o Professional plans after graduation

**Letters of Reference requirements:** Each applicant must have (3) letters of reference submitted on their behalf. Reference forms are attached. At least one reference should be a Clayton State professor or staff member (for current students) or previous professor/teacher (for new and transfer students) and at least one should be a previous supervisor, mentor, or leader.

I give permission to the College of Information and Mathematical Sciences to review all my academic records.

Signature of Applicant _____ Date _____

Deadline: Fall Semester – July 15th
Spring Semester December 15th

# Launchpad Leadership Academy
## Scholarship Application Form
### CLAYTON STATE UNIVERSITY
# Scholarship Reference Form

_____ (applicant name) has applied for the Launchpad scholarship program through the College of Information and Mathematical Sciences at Clayton State University and has requested for you to be a reference. Please provide a letter of reference for this student indicating the duration and nature of your relationship and focusing on student's character, initiative, inventiveness, academic/professional achievements, etc.

Reference Signature_____ Title _____

Email Address_____ Contact Phone Number _____

Please return this completed form directly to:
**Launchpad Scholarship Committee Chairperson**
**College of Information and Mathematical Sciences**
**Clayton State University**
**2000 Clayton State Blvd.**
**Morrow, GA 30260**
**Email:** launchpad@clayton.edu

Deadline: Fall Semester – July 15th
Spring Semester December 15th

# Launchpad Leadership Academy
## Scholarship Application Form
### CLAYTON STATE UNIVERSITY
# Scholarship Reference Form

_____ (applicant name) has applied for the Launchpad scholarship program through the College of Information and Mathematical Sciences at Clayton State University and has requested for you to be a reference. Please provide a letter of reference for this student indicating the duration and nature of your relationship and focusing on student's character, initiative, inventiveness, academic/professional achievements, etc.

Reference Signature_____ Title _____

Email Address_____ Contact Phone Number _____

Please return this completed form directly to:
**Launchpad Scholarship Committee Chairperson**
**College of Information and Mathematical Sciences**
**Clayton State University**
**2000 Clayton State Blvd.**
**Morrow, GA 30260**
**Email:** launchpad@clayton.edu

Deadline: Fall Semester – July 15th
Spring Semester December 15th

# Launchpad Leadership Academy
## Scholarship Application Form
### CLAYTON STATE UNIVERSITY
# Scholarship Reference Form

_____ (applicant name) has applied for the Launchpad scholarship program through the College of Information and Mathematical Sciences at Clayton State University and has requested for you to be a reference. Please provide a letter of reference for this student indicating the duration and nature of your relationship and focusing on student's character, initiative, inventiveness, academic/professional achievements, etc.

Reference Signature_____ Title _____

Email Address_____ Contact Phone Number _____

Please return this completed form directly to:

**Launchpad Scholarship Committee Chairperson**

**College of Information and Mathematical Sciences**

**Clayton State University**

**2000 Clayton State Blvd.**

**Morrow, GA 30260**

**Email:** launchpad@clayton.edu

Deadline: Fall Semester – July 15th

Spring Semester December 15th