

**Governors State University Foundation and Alumni Association**  
**2020 Fall Semester Scholarship Application Form**

**Application Deadline – November 6, 2020**

**Global Service Learning Scholarship**

*Complete this application form and submit your essay and required documentation including video or video link via email:*

[ois@govst.edu](mailto:ois@govst.edu)

**Directions for applying:**

Email your application to [ois@govst.edu](mailto:ois@govst.edu) no later than November 6th with the subject "Global Service Learning Scholarship". Email must contain the application, essay and video link or video attachment.

**Video submission options:**

**1. YouTube link: Copy and paste the link within:**

- a. Essay Submission (at the end is fine)
- b. Within body of email when submitting application and essay.

Create a YouTube account and upload your video using the Unlisted setting. Setting up an account is quick and pretty easy. If you get confused, please watch one of YouTube's video tutorials on how to upload videos

(for example, [https://www.youtube.com/watch?v=qzpG\\_MkIPuY](https://www.youtube.com/watch?v=qzpG_MkIPuY)). PLEASE remember that the "Unlisted" setting is

MANDATORY if using this method. The "Unlisted" setting prevents the Video from showing up on general YouTube Searches.

Please label the video or videos with first and last name AND scholarship name and year of submission (so *BeaScott\_Global Service Learning Scholarship\_2020*)

**2. Attach video to email along with application & essay submission.**

**Video Release Authorization:** By submitting work to Governors State University, you are hereby agreeing to this material being used for Marketing purposes from Governors State on social media, the website, and other online distribution platforms as deemed appropriate.

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_ Best Contact Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_  cell  home  work

Number of hours completed at GSU: \_\_\_\_\_ GPA \_\_\_\_\_

Academic College:  COE  CHHS  COB  CAS  
(College of Education) (Colleges of Health and Human Services) (College of Business) (College of Arts and Sciences)

Check One:  Freshman  Sophomore  Junior  Senior  Graduate Student

Indicate expected enrollment hours for Fall semester, 2020: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

If employed, where? \_\_\_\_\_  
Company Name, city Occupation Title

*I verify that the above information is correct and also that if awarded the scholarship, I will acknowledge my appreciation to the funder in writing and agree to meet him/her at the reception for recipients and donors.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_