## OKLAHOMA STATE UNIVERSITY Department of Physics Scholarships Application for Current Students

Name:	CWID:
Email:	
	an []Sophomore []Junior []Senior
Oklahoma Resident? Yes [] No	•[]
Have you attended an internation	nal high school? Yes [ ] No [ ]
Current major(s) and any minors	St
Number of course hours complet	ted prior to this semester: Total GPA:
Number of physics course hours	completed: Physics GPA:
Names of faculty members (Phyereal evaluation of your application:	sics or otherwise) who might be able to assist in the
Name:	Dept:
Email:	
	Dept:
Email:	
Are you currently employed?	If so, where
	Do you qualify for College Work Study?
Do you current have scholarship	support?
If so, please list scholarship sour	rce(s) and amount(s) on a separate sheet and attach.
If applicable, please attach a brie your financial needs and education	ef statement describing any special circumstances relevant to onal goals.
Signed	Date
Please return to:	
Physics Scholarship Committee c/o Dave McIlroy Department of Physics - OSU physics@okstate.edu	