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

Name:	CWID:
Email:	
Check current status: [] Freshma	an [] Sophomore [] Junior [] Senior
Oklahoma Resident? Yes [] No	
Have you attended an internation	nal high school? Yes [] No []
Current major(s) and any minors	::
Number of course hours complete	ted prior to this semester: Total GPA:
Number of physics course hours	completed: Physics GPA:
Names of faculty members (Physevaluation 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
Hours per week	Do you qualify for College Work Study?
Do you current have scholarship	support?
If so, please list scholarship sour	ce(s) and amount(s) on a separate sheet and attach.
If applicable, please attach a brie your financial needs and education	of statement describing any special circumstances relevant to onal goals.
Signed	Date
Please return to:	
Physics Scholarship Committee c/o Flera Rizatdinova Department of Physics - OSU physics@okstate.edu	