ACU
ABILENE CHRISTIAN UNIVERSITY

Graduate School

Graduate Scholarship Application

Complete this form and mail it to:
Graduate School, 204 Hardin Administration Building, ACU Box 29140, Abilene, Texas 79699-9140
800-395-4723 • 325-674-2354 • Fax: 325-674-6717 • gradinfo@acu.edu

Date _____

LAST NAME	FIRST	MIDDLE	(MAIDEN)	SOCIAL SECURITY NO.

PERMANENT ADDRESS	CITY	STATE	ZIP	AREA CODE PHONE NUMBER

PRESENT ADDRESS	CITY	STATE	ZIP	AREA CODE PHONE NUMBER

Major _____ Beginning semester _____

What portion of your tuition and expenses will be paid by:

Employer _____ Self _____ Veteran benefit _____

Parent _____ ACU employee benefit _____

Other (please specify) _____

Please describe any special conditions affecting your financial situation: