Coppin State University

Merit Award Application

Please type or print clearly in ink.

Part I: BASIC INFORMATION

Social Security Number: _____-_____-_____ EagleLinks ID: _____

Name: _____
Last First Middle

Home Address: _____
Number and Street

City: _____ State: _____ Zip: _____

Telephone Number: ( )_____ High School/College: _____

Email Address: _____

Status (check one): [ ]First-time/Full-time Freshman [ ]Transfer student

Semester for which you are applying: Spring 20___ or Fall 20___ Intended Major:_____

I understand that if awarded, I must register for 15 credits each semester. (initial here) _____

Part II: PERSONAL INFORMATION

List your school/community activities, including offices held and honors won.

Activity	Dates	Office Held

Job/Volunteer Work	Dates	Title/Basic Responsibilities

State your educational goals and career objectives:_____

_____

Signature:_____ Date:_____

RETURN APPLICATION TO:
Coppin State University
Office of Admissions
2500 W. North Avenue
Baltimore, Maryland 21216
Phone: (410) 951-3600 or (800) 635-3674
Fax: (410) 523-7351

Coppin State University does not discriminate on the basis of sex, religion, handicap, nationality, or ethnic origin in its educational programs or employment.

FOR OFFICE USE ONLY

GPA_____ SAT TOT_____ Credits_____
STATUS_____
ENROLLED: Y___ N___
ELIGIBLE: Y__ N__
GOLD AWARD___ BLUE AWARD___ 1XOnly_____