



Coppin State University

Private Donor Award

Admissions Referral Application

Please type or print clearly in ink. All awards are need based funds.

Part I: BASIC INFORMATION

Social Security Number: _____ - _____ - _____ PS ID: _____

Name: _____
Last First Middle

Home Address: _____
Number and Street

City: _____ State: _____ Zip: _____

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

Email Address: _____ Church Name: _____

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
Attn: Janel Harris
 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

SATV _____ SATM _____ SAT TOT _____
 ACT Comp _____ GPA _____
 STATUS _____
 ENROLLED: Y ___ N ___
 ELIGIBLE: Y ___ N ___