

## AIG SCHOLARSHIP APPLICATION

Applicant Name: \_\_\_\_\_

SJU ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s) Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Level: Fr. \_\_\_\_ So. \_\_\_\_ Jr. \_\_\_\_ Sr. \_\_\_\_

Applying for the school year 20 \_\_\_\_\_

Academic Major: \_\_\_\_\_

Track: \_\_\_\_\_

Send applications to: Saint Joseph's University  
Finance Department MV 340  
5600 City Avenue  
Philadelphia, PA 19131  
E-mail Linda Egan RMI@sju.edu or legan@sju.edu