

RISK MANAGEMENT AND INSURANCE SCHOLARSHIP APPLICATION

Applicant Name: _____

SJU ID Number: _____ Date: _____

Current GPA: _____

Permanent Address: _____

Telephone Number(s) Home: _____ Cell: _____

Email Address: _____

2008-2009 Grade Level: Fr. ____ So. ____ Jr. ____ Sr. ____

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