

**RIDER UNIVERSITY
COLLEGE OF CONTINUING STUDIES (CCS)
THE DEAN'S SCHOLAR AWARD**

The College of Continuing Studies Dean's Scholars Award is available to degree-seeking incoming and re-admitted students who register for at least six (6) credits during their first semester at the University. The award amounts vary and are subject to the available funds. Applications will be reviewed on a first-come, first-served basis. The awards may be renewed to include one consecutive semester, provided that students enroll in at least six (6) credits in each semester.

If you are taking 12 or more credits, you are required to apply for financial aid through the Student Financial Services Office. Students taking 4 -11 credits are encouraged to apply for financial aid, but are not required to do so.

Submit this completed Personal Information form & essay by fax to 609-896-5261 or mail to:

College of Continuing Studies (Bart Luedeke Center, Suite 31)

Rider University
2083 Lawrenceville Road
Lawrenceville, NJ 08648-3099

For questions please call or email the CCS office at 609-896-5033/ccs@rider.edu. Awards will be applied to your Rider student account after the end of the add/drop period in the Fall & Spring semesters.

I. PERSONAL INFORMATION (Please print)

Name _____ Rider ID# _____

Address _____
(Street No.)

_____ (City) (State) (Zip)

Home Phone _____ Work Phone _____

Cell Phone _____ Rider E-Mail _____

Marital Status: Single, Divorced or Widowed ____ Married ____ Separated ____

Ages of dependent children _____

Other dependents and their relationship to you _____

II. EDUCATIONAL INFORMATION

Are you officially admitted to a Rider degree program? Yes ____ No ____ In process ____

If yes, specify degree program and major: _____

How many credits have you registered for in the coming semester? _____

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How many credits have you completed (both Rider and transfer)? _____

What is your cumulative GPA at Rider? _____

If you have not yet completed courses at Rider, what is your cumulative transfer GPA? _____

III. FINANCIAL INFORMATION

Have you also applied for financial aid through the Student Financial Services Office?

Yes _____ No _____ If no, do you plan to? Yes _____ No _____

Do you grant permission to the scholarship committee to access information regarding any financial aid awarded to you through Student Financial Services? Yes _____ No _____

What is the unpaid balance on all loans used to finance your education? _____

Does your employer contribute to your educational expenses? Yes _____ No _____ N/A _____

If yes, to what extent? _____

Does anyone else contribute to your living or educational expenses, (e.g., spouse, friends, relatives, others)?

Yes _____ No _____ If yes, to what extent: _____

Do you anticipate any significant change in your income for the upcoming year.

Yes _____ No _____ If yes, please give approximate dollar amount and explain _____

Annual Expenses

Medical & dental not paid by insurance: _____

Tuition for dependent(s)/spouse: _____

Personal residence mortgage/rent: _____

Credit card/loan (excluding loans used to finance your education): _____

Child care : _____

Other major expense not listed above: _____

IV. ESSAY

Write an essay (200-400 words) describing your educational plans and goals. Explain how this scholarship would aid you in attaining those goals. Use this opportunity to describe any special circumstances or to provide information not evident in your application which would explain your need for a scholarship.

I certify that, to the best of my knowledge, the information in this application is correct.

Signature

Date