

E. O Robinson Scholarship Application  
Academic Year: Fall 20\_\_ - Spring 20\_\_

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

High School: \_\_\_\_\_

County Where High School is Located: \_\_\_\_\_

**HIGH SCHOOL STUDENTS COMPLETE THIS SECTION:**

High School Senior: \_\_\_YES \_\_\_No Graduation Date: \_\_\_\_\_

GPA: \_\_\_\_\_ ACT Score: \_\_\_\_\_

Date FAFSA (Financial Aid) application was submitted: \_\_\_\_\_

Do you qualify for financial assistance: \_\_\_\_\_

Anticipated Major: \_\_\_\_\_

**CURRENT COLLEGE STUDENTS COMPLETE THIS SECTION:**

EKU ID#: \_\_\_\_\_

Year: \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior

Number of completed college hours: \_\_\_\_\_

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

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

Do you qualify for financial assistance? \_\_\_\_\_

Have you submitted a FAFSA Application? \_\_\_\_\_ Date submitted: \_\_\_\_\_

Please list any other type of scholarship(s) you are receiving: \_\_\_\_\_

Please send application to [Tammy.Hogue@eku.edu](mailto:Tammy.Hogue@eku.edu) or fax to 859-622-1140. You may mail to me at the following address:

Tammy Hogue  
College of Health Sciences  
Rowlett 203  
Eastern Kentucky University  
521 Lancaster Avenue  
Richmond, KY 40475

If you have questions, please call 859-622-1137.