

Mamie & Tinsley Dizney Memorial Scholarship

Name: _____

Address: _____

Phone: _____

HIGH SCHOOL STUDENTS COMPLETE THIS SECTION:

High School Senior: ___ YES ___ No

Graduation Date: _____

GPA: _____ ACT Score: _____

Anticipated Major: _____

Date FAFSA (Financial Aid) application was submitted: _____

Do you qualify for financial assistance: _____

CURRENT COLLEGE STUDENTS COMPLETE THIS SECTION:

EKU ID#: _____

Year: ___ Freshman ___ Sophomore ___ Junior ___ Senior

Number of completed college hours: _____

Major: _____

EKU GPA: _____ ACT Score: _____

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:

1. _____

2. _____

Please send application to or fax to 859-622-1140. You may mail it 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.