**TERRANT MEMORIAL SCHOLARSHIP INFORMATION**

**Description**

1. Scholarship amounts vary with the amount of money available in the scholarship fund and the

number of applicants funded.

2. The award is renewable upon verification of satisfactory academic standing for the following

semester. If awarded, the student may **not** re-apply for the following school year.

**Eligibility**

1. Applicant must be a junior, senior, or graduate student with a commitment to a career in psychology.

2. Applicant must have been admitted as a psychology major by the Department of Psychology.

3. Applicant must demonstrate and maintain satisfactory academic standing (3.2 GPA overall and 3.2

GPA in Psychology).

4. Applicant must be a full-time student (12 semester hours in undergraduate or 9 semester hours in

graduate).

**Selection Criteria**

1. Scholastic merit.
2. Commitment to the field of psychology.
3. Preference accrues to students with financial need. Students must complete and submit financial aid forms or have an existing financial aid record. All awarded scholarship funds are sent to financial aid and applied to student’s tuition. Funding beyond the tuition is included in the financial aid check that is awarded to a student.

**Application Procedure**

1. Applicants must submit the following materials:

a. Completed Terrant Scholarship application form

b. Copy of all graduate and undergraduate college/university transcripts (can be unofficial transcripts)

c. Three completed reference forms, including at least two faculty members at ASU.

**Due Date: March 11th by noon**

2. The top applicants will be interviewed by the Terrant Scholarship Committee in March.

3. Recipient(s) will be notified within a few days of the interview.

4. Return application, Transcripts and Reference Forms to:

**Gail Day**

**Appalachian State University**

**Department of Psychology**

**100 Smith-Wright Hall**

**Boone, NC 28608**

* Incomplete applications, (e.g., lack of completed reference forms or lack of transcripts) will not be considered. Completed applications are the applicant's responsibility.
* Questions regarding the application procedure should be directed to Gail Day ([daygg@appstate.edu](mailto:daygg@appstate.edu)) or Lynn Mosteller ([mostellerlh@appstate.edu](mailto:mostellerlh@appstate.edu))
* Applicants are responsible for checking on the status of their application prior to the deadline date.

**APPLICATION**

**THE DR. FRANK R. TERRANT JR. MEMORIAL SCHOLARSHIP FUND**

**1. PERSONAL INFORMATION Student ID number 900\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Last First Middle**

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

**Street/PO Box**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City State Zip Code**

**Telephone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Local Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street/PO Box**

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**City State Zip Code**

**Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_**

**Parent/Spouse Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Spouse Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street/PO Box**

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**City State Zip Code**

**Telephone ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation(s) and Income of:**

**Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Number of members in your immediate family (include siblings and parents)\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. College Records**

**University Class: Junior \_\_\_\_\_\_ Senior \_\_\_\_\_\_ Graduate \_\_\_\_\_\_**

**Minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or Concentration \_\_\_\_\_\_\_\_\_\_\_\_\_**

***Graduate Students, please list the date of admittance to graduate school.***

Date of Admittance \_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Date of Graduation: \_\_\_\_\_\_\_\_\_

**Undergraduate GPA \_\_\_\_\_\_\_\_ Psychology GPA\_\_\_\_\_\_\_\_ Graduate GPA \_\_\_\_\_\_\_\_**

**(minimum 3.2 cumulative) (minimum 3.2) (minimum 3.2 cumulative)**

**College/University Address Dates Degree**

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**(attach additional sheet if necessary)**

**3. REFERENCES**

**Give names and addresses of three persons who are familiar with your academic record and interest in a career in Psychology. At least two references must be faculty at Appalachian State University.**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Appalachian Professor) Department Telephone**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name (Appalachian Professor) Department Telephone**

**3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name Address Relationship Telephone**

**4. EDUCATIONAL INFORMATION (attach additional sheet if necessary)**

**Academic Honors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Extracurricular Activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Leadership Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Work Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Write a statement explaining factors that influence your financial need: ( e.g., list financial aid, scholarships or grants already being received; state if you are financially independent; how much financial aid debt you have to date; are you working to pay for expenses, if so how many hours per week)**

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**(attach additional sheet if necessary)**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. APPLICANT'S STATEMENT**

**Write a statement of your academic and professional goals, as related to your commitment to a career in Psychology. *This statement is to be a maximum of one double spaced typed page.***

**REFERENCE FOR THE DR. FRANK R. TERRANT JR. MEMORIAL SCHOLARSHIP FUND**

**Reference for (Applicant Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please attach a reference regarding the applicant's qualifications for a scholarship in the Department of Psychology including: (a) how long you have known the applicant and in what capacity, (b) scholastic merit, (c) strengths and weaknesses of the applicant, (d) commitment to a career in psychology, (e) why you think the applicant is deserving of this scholarship (including financial need), etc.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return this form and attached letter to**

**Gail Day**

**Appalachian State University**

**Department of Psychology**

**100 SWH**

**Boone, NC 28608**

**By March 11, 2019 by noon**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(type or print)**

**Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street/PO Box**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City State Zip Code**

**REFERENCE FOR THE DR. FRANK R. TERRANT JR. MEMORIAL SCHOLARSHIP FUND**

**Reference for (Applicant Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please attach a reference regarding the applicant's qualifications for a scholarship in the Department of Psychology including: (a) how long you have known the applicant and in what capacity, (b) scholastic merit, (c) strengths and weaknesses of the applicant, (d) commitment to a career in psychology, (e) why you think the applicant is deserving of this scholarship (including financial need), etc.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return this form and attached letter to**

**Gail Day**

**Appalachian State University**

**Department of Psychology**

**100 SWH**

**Boone, NC 28608**

**By March 11, 2019 by noon**

**Date Due: March 1, 2000**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(type or print)**

**Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street/PO Box**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City State Zip Code**

**REFERENCE FOR THE DR. FRANK R. TERRANT JR. MEMORIAL SCHOLARSHIP FUND**

**Reference for (Applicant Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please attach a reference regarding the applicant's qualifications for a scholarship in the Department of Psychology including: (a) how long you have known the applicant and in what capacity, (b) scholastic merit, (c) strengths and weaknesses of the applicant, (d) commitment to a career in psychology, (e) why you think the applicant is deserving of this scholarship (including financial need), etc.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return this form and attached letter to**

**Gail Day**

**Appalachian State University**

**Department of Psychology**

**100 SWH**

**Boone, NC 28608**

**By March 11, 2019 by noon**

**Date Due: March 1, 2000**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(type or print)**

**Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street/PO Box**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City State Zip Code**