University of Massachusetts Lowell - Continuing Studies
Lifetime Learning Online & Off-Campus Course Scholarship Application Form

Date: (Month) (Day) (Year)                                  Social Security Number

Last Name                                          First Name                                                Middle

Home Address (Street, City, State, Zip Code)                              Telephone Number

Local Address-if different (Street, City, State, Zip Code)                              Telephone Number

Graduation Date (Month, Year)                                          Degree                                                Certificate Program

In a short paragraph discuss how on-line and/or off-campus courses will enhance your educational experiences as well as fulfill your educational goals. Please include any statements concerning need.

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Please return your completed application to: UMass Lowell Continuing Studies, Advising Center, Southwick 223, One University Avenue, Lowell, MA 01854 or complete the form and fax it to Kerry Donohoe at 978-934-4006.