Continuing Education Veterans’ 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

Email Address

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 Division of Online and Continuing Education, Faculty and Student Support Center, Southwick 203, One University Avenue, Lowell, MA 01854 or complete the form and fax it to April O’Donnell at 978-934-4006.