



University of
Massachusetts
Lowell

**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.

Please return your completed application to: UMass Lowell 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.