



# EDGECLIFF ALUMNI AWARD

## APPLICATION

(For relatives of Edgecliff Alumni)

### DEADLINE FOR APPLICATION IS FEBRUARY 1

Edgecliff Alumni Awards are made possible through the generosity of the Edgecliff Alumni. These awards are made to incoming freshmen and transfer students who have been accepted for admission to Xavier University. The selection committee will look at the applicant's high school grade point average, quality of the high school record and scores received in the SAT/ACT tests. Consideration will also be given to the applicant's financial need, based upon the *Free Application for Federal Student Aid* submitted.

**ONLY Edgecliff Alumni relatives (sons, daughters, brothers, sisters, nieces, nephews and grandchildren) will receive consideration.**

Grants will be renewable for four years, provided the recipient maintains full-time status and a minimum cumulative grade point average of 2.0 at Xavier University.

The amount of the award in future years is contingent upon the number of applicants in the yearly pool, and the money generated by the Edgecliff Scholarship Endowment Fund, memorial gifts, bequests, the Edgecliff Annual Fund Drive, and any other Edgecliff Alumni fundraising events.

### **TO BE COMPLETED BY THE STUDENT APPLICANT:**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **Expected College Entrance Year:** \_\_\_\_\_

**\* Please attach resume of leadership and service in your academic/personal life.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Student applicant)

**TO BE COMPLETED BY THE EDGECLIFF ALUMNA/US SPONSOR:**

Are there any special family circumstances concerning the above applicant which the award committee should consider?

- Sibling(s) in college – Full time \_\_\_\_\_  Sibling(s) in Catholic schools K-12 \_\_\_\_\_
- Parent in college – Full time \_\_\_\_\_  Parent in college – Part time \_\_\_\_\_  
Number of Credit Hours
- Single, disabled, unemployed or retired parent/guardian. Explain: \_\_\_\_\_
- Extraordinary medical expenses not covered by insurance. Explain: \_\_\_\_\_
- Other Explain: \_\_\_\_\_  
 \_\_\_\_\_

**I AM RELATED TO THE STUDENT APPLICANT:**

Name: \_\_\_\_\_ **Edgecliff Class Year** \_\_\_\_\_  
First Middle and/or Maiden Last/Married

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Student Applicant’s Name: \_\_\_\_\_

Your Relationship to Applicant: \_\_\_\_\_

*Have you been involved in Edgecliff alumni activities? Please describe:*

*I am interested in serving on an Edgecliff Committee or helping at an event:*

- Edgecliff Alumni Committee*
- Alumni Celebration – reunions, raffles, etc.*

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
(Edgecliff Alumna/us)

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**Please return to:**

**XAVIER UNIVERSITY  
Office of Admission  
3800 Victory Parkway  
Cincinnati, OH 45207-5311**

*The Edgecliff Alumni Scholarship Endowment was established in 1987 and is supported by Edgecliff Alumni.*

