



Gunnar H. Esiason Endowed Scholarship

2014-2015

Dear Applicant:

The **Gunnar H. Esiason Endowed Scholarship** was established in 1997 by Boomer Esiason in honor of his son. The scholarship is awarded each year to a deserving undergraduate Hofstra student who has or has had a personal challenge in dealing with cystic fibrosis, through his/her own condition or that of a family member, or whose demonstrated service and commitment to the prevention and cure of cystic fibrosis is exemplary.

The scholarship recipient must be a full-time, undergraduate, matriculated student at Hofstra and remain in good standing while at the University. The scholarship is awarded by the Hofstra University Office of Financial Aid upon the recommendation of the **Gunnar H. Esiason Scholarship Committee**.

High school seniors who have been admitted to Hofstra University and meet the requirements above are eligible to apply. The completed application must be submitted by March 31 to be considered for the **Gunnar H. Esiason Endowed Scholarship** at Hofstra University for the next academic year.

Send your completed application to:

Gunnar H. Esiason Scholarship Committee
c/o Director of Student Leadership & Activities
260 Mack Student Center
200 Hofstra University
Hempstead, NY 11549

The personal statement must be typed and included with this application along with a copy of a high school transcript, college transcript (if transfer student), or if current Hofstra student, a copy of your DAR / DegreeWorks report; two letters of recommendation; and the FERPA Student Release consent form.

The **FERPA Student Release consent form must be submitted along with this application**. This form can be obtained from the Student Financial Services and Registrar Suite in Memorial Hall, or downloaded from: www.hofstra.edu/pdf/acadrec_FERPA.pdf. On this form, fill in Name of Authorized Person: ***Gunnar H. Esiason Scholarship Committee***.

If you have questions about this scholarship, contact the Development Office at (516) 463-5027. For information about Financial Aid at Hofstra, call (516) 463-8000. For Hofstra University Admission requirements and application process, please visit: www.hofstra.edu/Admission.

Sincerely,

Gunnar H. Esiason Scholarship Committee of Hofstra University



**GUNNAR H. ESIASON ENDOWED SCHOLARSHIP
AT HOFSTRA UNIVERSITY**

APPLICATION

Criteria: full-time, undergraduate, matriculated Hofstra University student who has cystic fibrosis, or who has a family member stricken with the disease, or whose service and commitment to the prevention and cure of cystic fibrosis is exemplary.

Please type or print clearly. Note: if you have already been awarded this scholarship, you do not need to reapply and will automatically be reconsidered.

Personal Information

Name _____ HU ID # _____

Home Address _____

City/State/Zip _____

Home phone (_____) _____ E-mail _____

Campus address _____ Phone extension _____

Academic Information:

Current Hofstra students - please attach DAR and complete items A through C

Transfer students - please attach DAR and complete A through E

New students - please attach high school transcript and complete D through H

A. Class standing _____ B. Cumulative GPA _____

C. Major(s) and Minor(s) _____

D. Name of High School/College _____

E. Address of High School/College _____

F. Class rank _____ out of _____ students G. GPA _____

H. SAT scores: Verbal _____ Math _____ or ACT score: _____

Other Information:

List, with dates, your extra-curricular activities and/or special honors or awards you have received during your high school/college career:

List, with dates, your community service involvement and/or other activities you have participated in outside of school:

List, with dates, your work experience:

List any other scholarships or grants you earned and the amount(s) received:

Personal Statement (*one page*):

Please explain why you deserve the **Gunnar H. Esiason Endowed Scholarship**; include if you have been diagnosed with cystic fibrosis or if you have a family member stricken with the disease, or give examples of how your service and commitment to the prevention and cure of cystic fibrosis is exemplary. Ensure that your name is on the top of the statement page and attached to this application.

Complete and sign this application and attach:

1. FERPA Student Release consent form must be submitted along with this application. This form can be obtained from the Student Financial Services and Registrar Suite in Memorial Hall, or downloaded from: www.hofstra.edu/pdf/acadrec_FERPA.pdf. On this form, fill in Name of Authorized Person: ***Gunnar H. Esiason Scholarship Committee***.
2. A copy of your current transcript.
3. Two (2) letters of recommendation.
4. Personal statement.

Send your completed application to: Gunnar H. Esiason Scholarship Committee c/o Director of Student Leadership & Activities 260 Mack Student Center 200 Hofstra University Hempstead, NY 11549

For consideration for the 2014-2015 academic year, this completed application must be submitted by March 31, 2014. Thank you.

Student's signature

Date

Parent's signature (freshman applicants only)

Date