



Office of Scholarships and Financial Assistance

Sue Zirkle Frazier M.A.L.S. Scholarship Application

The M.A.L.S. Program accepts applications each year from M.A.L.S. students for an endowed scholarship. Academics and demonstrated financial need serve as the criteria for selecting the recipients. Please be aware that you must complete the FAFSA (www.fafsa.ed.gov) in order to be considered for these scholarships. If you would like to be considered for this scholarship, please complete this application form and return it to our office ASAP.

Please print or type

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Hollins ID #: _____ Telephone: _____

Total number of credits earned to date: _____

Total number of credits earned at Hollins to date: _____ Cumulative GPA: _____

Anticipated annual gross earnings:

Self: \$ _____ Occupation: _____

Spouse: \$ _____ Occupation: _____

Amount and source of additional income: \$ _____

Total savings, investments, etc.: \$ _____

Number of dependents: _____ Age of dependents: _____

Source and amount of other financial obligations (mortgage, utilities, food, insurance): _____

Please include any additional information which would clarify your scholarship need: _____

All information will remain confidential

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