



University of
Massachusetts
Lowell

GPS Veterans' Course Scholarship Application Form

Date: (Month) (Day) (Year)

Last Name

First Name

Middle

Home Address (Street, City, State, Zip Code)

Home Phone

Local Address – if different (Street, City, State, Zip Code)

Cell Phone

Email Address

Expected Graduation Date (Month, Year)

Program

In a short paragraph discuss how pursuing your degree or certificate will help fulfill your educational goals. Please include any statements concerning need.

Please return your completed application to: UMass Lowell Division of Graduate, Online & Professional Studies, Advising Center, 839 Merrimack Street, Lowell, MA 01854 or complete the form and email it to continuing_education@uml.edu or fax it to Pauline Christakis at 978-934-2073.