



University of  
Massachusetts  
Lowell

## GPS Veterans' Course Scholarship Application Form

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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.

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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](mailto:continuing_education@uml.edu) or fax it to April O'Donnell at 978-934-4006.