



School of Education and  
Counseling Psychology

# Edward M. Fellows Foundation Scholarship

## Applicant Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Email : \_\_\_\_\_

## Scholarship Information

*Awarded annually to a full time student in the School of Education and Counseling Psychology who is selected by the faculty to be a needy and worthy student. All applications must be received by **January 15<sup>th</sup>**. Notification of award by March 1<sup>st</sup>.*

**1. Please list the name, phone number, and email of two individuals (non SCU professors) who will be submitting a recommendation letter on your behalf by January 15<sup>th</sup>.**

<input type="checkbox"/>			
<input type="checkbox"/>			

**2. Include a personal statement of professional goals (about 500 words).**

<input type="checkbox"/>	Personal Statement enclosed
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**3. Date FAFSA filed (Must be filed to be considered for this scholarship)**

<input type="checkbox"/>	
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**Return completed application either by e-mail ([ECPAdmissions@scu.edu](mailto:ECPAdmissions@scu.edu)), fax (408/554-4367), or to the following postal address:**

Admissions and Financial Aid Coordinator, Graduate Services Office

School of ECP, Loyola Hall 130

Santa Clara University

500 El Camino Real

Santa Clara, CA 95053

I hereby apply for the Edward M. Fellows Foundation Scholarship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date