Application for the 2015-2016
Sanford V. Davenport Scholarship

Personal Information:
Name: ________________________________________ Student ID: 800______________
Contact Address: ________________________________________________
Email Address: ____________________ Phone Number: ____________________

Applied for Departmental Honors? □ Yes □ No
Applied for University Honors? □ Yes □ No
History GPA: ______________ Overall University GPA: ______________

Reference Information:

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<th>Name</th>
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Extra-Curricular Activities and Honors: Please attach separate sheet if necessary.

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Attachments: Please provide
1. A copy of your transcript (unofficial copy acceptable).
2. A statement of interest in essay form. See application guidelines for details.
3. Three sealed and signed letters of recommendation; two must be from UNC Charlotte History faculty

Signature:
By signing below, I am attesting to the truth of the information provided in my application. I am also giving the University permission to release information contained in my application.

Signature: _____________________________ Date: ______________
Recommendation for Davenport Scholarship

To be filled out by student:

Applicant’s Name: ___________________________ Student ID: 800________________

I request the following evaluation be provided pursuant to my application.
I do □ do not □ waive my right of access to this evaluation.

_________________________________________ ____________________________
Signature of Applicant Date

To be filled out by the professor/advocate:

Name: ___________________________ Telephone: _____________ Email: _____________

Please rate the student using the scale below:

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Please provide comments attesting to the student’s academic potential, written expression, leadership qualities, interpersonal skills, or any other pertinent information. If you need more room, feel free to continue on the reverse side or to attach a separate letter to this form.

____________________________________________________________________________

Date

Signature of Reference

Please return this form in a sealed and signed envelope to applicant.

Academic Department (If applicable)
Recommendation for Davenport Scholarship

To be filled out by student:

Applicant’s Name: __________________________ Student ID: 800________

I request the following evaluation be provided pursuant to my application.
I do □ do not □ waive my right of access to this evaluation.

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Signature of Applicant                        Date

To be filled out by the professor/advocate:

Name: __________________________ Telephone: __________ Email: ______________

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