

National Oceanic and Atmospheric Administration (NOAA)
Ernest F. Hollings
Undergraduate Scholarship Program

Student Information Sheet

PERSONAL INFORMATION

Name: _____ Date: _____

Street/Route: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email Address: _____

UNIVERSITY/COLLEGE INFORMATION

Institution Name: _____

Department Name: _____

Major: _____ Expected date of Graduation (month/year): _____

ACADEMIC ADVISOR INFORMATION

Academic Advisor Name: _____

Department: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Have you transferred or are you planning to transfer to another university? Yes or No

Are you currently receiving any other federal funding? _____ if yes, please explain: _____

SECONDARY OR PERMANENT ADDRESS: *(An address other than your school address).*

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Please e-mail completed form to: StudentScholarshipPrograms@noaa.gov