



## Glotzbach Scholarship Application

Name \_\_\_\_\_ Student # \_\_\_\_\_

Major/Emphasis \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

List EDTC courses you are taking in the Fall:

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