



McMASTER HONORS SCHOLARSHIP APPLICATION
for Continuing Honors College Students

Name _____ Banner ID (L#) _____		
LAST	FIRST	MI
Current Mailing Address _____		
STREET or P.O. BOX/ APT. NO.		
CITY	STATE	ZIP CODE
PERMANENT Mailing Address _____		
STREET or P.O. BOX/ APT. NO.		
CITY	STATE	ZIP CODE
Phone (_____) _____	Email address _____	
Academic major at Lamar _____	Cumulative GPA _____	
	Minimum required: 3.5	
Hours completed _____	HONORS hours completed _____	
Other Colleges or Universities attended _____		
High School _____	Graduation Date _____	
Please include:		
- Two completed Faculty Reference Forms (available from the Honors College Office)		
- A cover letter detailing your educational and career goals and aspirations.		
DEADLINE FOR SCHOLARSHIP APPLICATION: February 1		

RETURN ALL MATERIALS TO:

Lamar University 5 HD 10 Honors College
P.O. Box 10968
Beaumont, TX 7710

FACULTY REFERENCE FORM McMASTER HONORS SCHOLARSHIP

STUDENT must fill out this portion:

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Banner ID (L#) _____ Major: _____

Faculty Referee: _____ Department _____

FACULTY member: The student named above is applying for a McMaster Honors Scholarship. Please complete and return this form no later than February 1 to:

Lamar University 5 H D H O n o r s College
P.O. Box 10968
Beaumont, TX 77710

1. In what capacity have you known the student applicant? Mark all that apply.
 - The student has taken class(es) from me. (How many? _____)
 - The student has done independent study under my supervision.
 - The student has worked on a research or creative project with me.
 - The student is active in a student organization I sponsor.
 - Other. (Please explain: _____)

2. In my opinion, this student ranks in the top _____ of all students I have known.
 - one percent
 - five percent
 - ten percent
 - quarter

3. I expect this student to ... (mark all that apply)
 - Graduate with distinction from Lamar.
 - Obtain one or more graduate degrees.
 - Make a significant contribution to a professional or academic field.
 - Be a leader in his/her home community.

4. What special qualities does this student possess? (Append additional sheet if necessary.)

Signature of Faculty Member

Date