

JOHN CARROLL UNIVERSITY
International Student Scholarship Application

Name: _____

Address: _____

Phone: _____

E-mail Address: _____ **High School:** _____

TOEFL Score: _____ **SAT Score:** _____ **ACT Score:** _____

Names and Ages of Siblings: _____

Extracurricular Activities: _____

Leadership Qualities: _____

Please submit a 250-300 word essay, typewritten and double-spaced, explaining your expectations of John Carroll and how the University will benefit from your involvement.

All applications must be postmarked by May 15 and returned to:

Rebecca Dinnen, Director of Transfer and International Admission

Office of Admission

John Carroll University

20700 North Park Boulevard

University Heights, OH 44118