

Dr. Elizabeth D. Futas Memorial Scholarship Application Form

Please complete the following:

Name _____

Street _____

City _____ State _____ Zip Code _____

Telephone _____

E-mail _____

Undergraduate education

College	Major	GPA	Date of graduation
_____	_____	_____	_____
_____	_____	_____	_____

Graduate education

College	Major	GPA	Date of graduation
_____	_____	_____	_____
URI	Lib & Info Studies	(current GPA)	(expected date of graduation)

Test scores (not needed if you already possess a graduate degree)

GRE: Verbal _____ Percentile _____ Quantitative _____ Percentile _____ Analytical _____ Percentile _____

MAT: Raw Score _____ Percentile _____

Return this application form and accompanying materials to:

**Chair, Admissions and Awards Committee
GSLIS
Rodman Hall
94 West Alumni Avenue, Suite 2
University of Rhode Island
Kingston, RI 02881**