



ST. JOHN'S UNIVERSITY

SCHOLARSHIP INFORMATION RELEASE FORM

I agree to allow information about myself, including my name, School/College, expected year of graduation, and major released to the donor(s) who endowed the scholarship fund of which I am beneficiary. In addition, I agree to allow my name and the above information to be used in any publicity St. John's University may generate in relation to the awarding of this scholarship.

Signature _____

Print Your Name _____

Date _____



ST. JOHN'S UNIVERSITY

SCHOLARSHIP RECIPIENT QUESTIONNAIRE

Student's Name: _____

Student's X-number: _____ Phone: _____

Address: _____

School/College Attending: _____

Major: _____ Graduation Date (Month/Year): _____

Career or educational goals: _____

Work experience (including campus employment): _____

Special interests, community and/or religious activities: _____

Please note: This information, except home address and telephone number, may be shared with living donors or relatives of benefactors who established this scholarship fund. Donors are very interested in knowing more about scholarship recipients. This information may also be used for publicity purposes. Your cooperation is greatly appreciated.