

**Troy University Scholarship Application  
Phenix City Campus**

1. Name \_\_\_\_\_
2. Email Address \_\_\_\_\_
3. Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Phone Number \_\_\_\_\_ Home \_\_\_\_\_  
\_\_\_\_\_ Work \_\_\_\_\_  
\_\_\_\_\_ Cell \_\_\_\_\_
5. Student I.D. Number \_\_\_\_\_
6. Employer \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_
7. High School \_\_\_\_\_ Graduation Date \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_
8. College \_\_\_\_\_ Graduation Date \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_
9. College \_\_\_\_\_ Graduation Date \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_
10. Academic Program at the Phenix City Campus \_\_\_\_\_
11. Are you currently receiving financial aid? \_\_\_\_\_
12. Please indicate which scholarships you are applying for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Semester in which you are apply for the scholarship \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**Return to:**  
James Thompson  
Financial Aid Representative  
Student Services  
Troy University  
One University Place  
Phenix City, AL 36869