

Tozer Scholarship Application Form
Graduate Institute of Applied Linguistics

This application is for study at GIAL during: Fall Spring _____(year)

PART A: Background Information

Full Name _____

Current Mailing Address: _____

Current Telephone No: _____ Current e-mail Address: _____

Permanent Mailing Address (if different than above) _____

Permanent Telephone No. (if different than above): _____

PART B: Academic Status & Plans

Are you enrolled in a Master of Arts program in Applied Linguistics with a Bible Translation Concentration?

Yes No

Do you intend to carry a full course load for the study period for which this scholarship is requested?

Yes No If No, how many hours do you plan to carry? _____

NOTE: For the purposes of this scholarship, a full-time load consists of 9 graduate semester hours per bimester.

Have you completed at least one bimester of graduate work toward this degree?

Yes No How many hours have you completed? _____

Have you filed an Intended Plan of Study?

Yes No

List the courses you intend to take (number, name and session offered)

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