



HISTORY DEPARTMENT NOLLER AWARD APPLICATION

PERSONAL INFORMATION

FIRST NAME:

LAST NAME:

SID:

EMAIL:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

MAJOR:

EXPECTED GRADUATION DATE:

I, _____ have read the eligibility requirements of the Ken R. Noller Award, and understand that preference will be given first generation college students, who have expressed interest in becoming a teacher. I give permission to officials of my institution to release any personal and/or academic information requested for consideration for the Ken R. Noller Award. If selected as the 2020 Ken R. Noller Award recipient, I agree to attend and the History Department Awards Luncheon on Friday May 29th 2020.

SIGNATURE: _____

DATE: _____