

## MARTHA A. OLSEN MEMORIAL ENDOWED SCHOLARSHIP (76979)

**Explanation:** In support of German majors (or minors) enrolled in the WLLC department.

**Deadline:** \_March 3, 2025\_\_\_\_\_, in  
Language 101 office to Jennifer Cripps (or office staff).

**Award Ceremony:** Recipient(s) of the scholarship are expected to attend the Scholarship Awards Ceremony at the end of the Spring \_\_\_\_2026\_\_\_\_\_ semester.

**Requirements:** Please check that you meet the following minimum eligibility requirements:

	<b>Please check</b>
Meet minimum entrance and continuing academic performance standards in the department ( <a href="https://class.unt.edu/advising/gpa-calculations-academic-standards.html">https://class.unt.edu/advising/gpa-calculations-academic-standards.html</a> ).	
Maintain full-time enrollment unless they have fewer than twice the number of semester hours required to be full-time remaining in the program.	
Enrolled as a full-time undergraduate majoring in German. If no German majors apply, recipients will be chosen from among declared German minors in 2050 or above who meet the other applicable criteria.	
Student must enroll in at least one upper-level course in the fall and spring semesters. Award disbursed by half each semester and forfeited if student is not enrolled in upper-level courses.	

### Elements to be submitted in the application packet:

1. Completed application form with checks in the eligibility requirement chart.
2. Copy of unofficial transcript - be sure that your declared major and/or minor in the target language is present on your transcript.
3. Signed and sealed recommendation form from a WLLC faculty member.
4. Typed essay (250 words maximum) demonstrating financial need.

# FACULTY RECOMMENDATION FORM

**To be filled out by the student:**

Student Name:

UNT ID:

UNT Student Email:

Scholarship:

Faculty Name:

**To be completed by the faculty recommender:**

I have taught this student for \_\_\_\_ semesters.

Please rate your opinion of this student's deservedness for this scholarship award.  
(1=low)

1      2      3      4      5      6      7      8      9      10

Any other comments you would like the review committee to consider?

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Recommender signature

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Date