

**Greater Cincinnati Chapter Of Indiana University Alumni Association
2009 SCHOLARSHIP APPLICATION FORM**

NAME: _____

PARENTS' NAMES: _____

ADDRESS: _____

COUNTY: _____ TELEPHONE #: _____

SCHOOL: _____

NUMBER OF BROTHERS/SISTERS: _____

BROTHERS/SISTERS ATTENDING COLLEGE AT THIS TIME: _____

MOTHER'S EMPLOYER: _____

JOB TITLE: _____

FATHER'S EMPLOYER: _____

JOB TITLE: _____

LIST SCHOOL ACTIVITIES:

LIST COMMUNITY SERVICE:

(Please use additional sheets if necessary to complete the above.)

Do you have any additional financial needs that would set you apart from other well-qualified applicants?

LIST ALL OTHER SCHOLARSHIPS/ FINANCIAL AID RECEIVED:

List, if any, scholarships or financial aid that you have received this year. Are these renewable?

Scholarship/ Award: _____ Amount: _____ Renewable (Y/N): _____

Scholarship/ Award: _____ Amount: _____ Renewable (Y/N): _____

Scholarship/ Award: _____ Amount: _____ Renewable (Y/N): _____

(Please note all scholarships given including Indiana University Scholarships, Federal Aid and other organizational scholarships/aid.)

IMPORTANT: ON AN ADDITIONAL SHEET, PLEASE DISCUSS IN ESSAY FORMAT YOUR CAREER GOALS AND HOW ATTENDING INDIANA UNIVERSITY WILL HELP YOU ATTAIN THESE GOALS.

**Please note that the recipient will be required to submit their student ID number in order to have scholarship funds transferred to the recipient's IU student account.*

I hereby authorize release of my official transcript to the Greater Cincinnati Chapter of IU Alumni Association.

Student Signature: _____

TO BE COMPLETED BY SCHOOL OFFICE

Class Rank _____ Number of Students in Class _____
GPA _____ (out of 4.0 please)

SAT: Critical Reading: _____ Math: _____ Writing: _____ TOTAL: _____

ACT: English: _____ Math: _____ Reading: _____ Science: _____ Composite: _____

Please submit at least one standardized test score. Please take scores from the same testing date (i.e. do not combine highest scores from multiple test sessions).

Days Absent: Freshman _____ Sophomore _____ Junior _____ Senior _____

Guidance Counselor Signature: _____

Please return completed application to your Guidance Office to be returned to the Scholarship Chairperson. Thank you. If you have any questions, please contact Elizabeth Cook at cookeli@gmail.com or Meredith Suffron at uiaacinci@hotmail.com.

Mail to:

**IUAA Scholarship
c/o Elizabeth Cook
3622 Stettinius Avenue, Apt. 2
Cincinnati, OH 45208**