

INDIANA UNIVERSITY  
KOKOMO  
ALUMNI ASSOCIATION

**SCHOLARSHIP APPLICATION 2009-2010**

*SPECIAL NOTE: BY SUBMITTING THIS APPLICATION, YOU AGREE TO OUR COLLECTING ACADEMIC INFORMATION FROM IU KOKOMO'S ADMISSIONS AND REGISTRAR'S OFFICES. THIS AWARD IS RESERVED FOR STUDENTS ATTENDING INDIANA UNIVERSITY KOKOMO.*

*PLEASE TYPE OR PRINT*

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
(if new student, leave blank)

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Class Standing (check one): new student  continuing freshman  sophomore

Current or high school GPA: \_\_\_\_\_ junior  senior

Please list school/civic activities that you have been involved with and positions held during the past five (5) years:

---

---

---

---

---

---

---

---

---

---

Please attach a one-paragraph essay telling us how, if you are chosen to receive this award, it will help you become an IU alumnus/a.

One letter of reference from an IU alumnus/a is required to process your scholarship application. You may attach the letter to this application, or have it mailed directly to the Office of Alumni Relations, address below.

---

---

I, \_\_\_\_\_, hereby acknowledge that all of the information included in this application is true and complete to the best of my knowledge. If additional information is needed, I agree to furnish requested documentation.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*ALL APPLICATIONS WILL BE HELD CONFIDENTIAL. EACH APPLICANT WILL BE NOTIFIED REGARDING THE OUTCOME OF THE IUKAA SCHOLARSHIP COMMITTEE'S DECISION. OFFICIAL NOTIFICATION LETTERS WILL BE SENT VIA U.S. MAIL BY AUGUST 3, 2009.*

PLEASE SEND COMPLETED APPLICATION FORM WITH REQUIRED ATTACHMENTS TO:

IU KOKOMO OFFICE OF ALUMNI RELATIONS  
P O Box 9003  
KOKOMO, IN 46904-9003

**ALL MATERIALS MUST BE POSTMARKED BY JUNE 1, 2009**