SIUE Alumni Association Legacy Scholarship

College Student Application for 2007-2008

DEADLINE: Postmark March 1, 2007

ALL INFORMATION WILL BE KEPT *STRICTLY CONFIDENTIAL*

Personal Information

Last Name First Name Middle Initial

Social Security Number Email Address

Street Address

City State Zip

Home phone Message or Cell Phone

Prospective Major Career Goal(s)

Name/Location of College Currently Attending

GPA: on a scale of Year in School: Fresh Soph. Jr. Sr.

Date of Birth

Family Information

Mother's Name Occupation

Father's Name Occupation

Or Legal Guardian's Name Occupation

Number and Age of Siblings: 1___ 2___ 3___ 4___ 5___ 6___

EXTRACURRICULAR ACTIVITIES AND EMPLOYMENT: the purpose of this section is to determine the use of your non-classroom time ***while attending college.*** Please list any other factors that bear on the use of that time including (but not limited to) employment, family obligations, rehearsals and any special projects (i.e. research activities or creative endeavors). **You must** indicate the amount of time spent weekly on each activity.

Extracurricular Activities- Please add additional pages as needed.

Activity	Description (Note any leadership positions)	Hours Per Week	Weeks Per Year

Volunteer Work and Community Service (unpaid) – Please add additional pages as needed.

Activity	Description (Note any leadership positions)	Hours Per Week	Weeks Per Year

Honors and Awards – Please add additional pages as needed.

Honor/Award Name	Description (Include nature and level of competition)	Honor or Award Type Academic	 Other	Date Received Mo/Yr

First and Last Name: _____

Employment (paid) - Please add additional pages as needed.

Organization/Position	Responsibilities	Hours Per week	Dates Involved	

To what have you or will you put your earnings?

_____

Essay Instructions:

You will be assessed on your ability to answer the following essay questions. Please be thoughtful and answer the questions directly. Please attach your responses to the two essay questions. Each answer should not exceed 500 words.

1) Reflecting on your personal experiences and/or circumstances, tell us something about yourself not already or sufficiently communicated in your application that distinguishes you as a potential scholarship candidate.
2) Please tell us your financial need for this scholarship.

Applicant Certification

Your signature is required below. Without your signature, your application is not complete.

I certify that the information provided in this application is true, complete and accurate and that all statements and essays are my own work. The Alumni Legacy Scholarship may be denied or revoked if any information is found to be incomplete or inaccurate. I give permission to the SIUE Alumni Association to contact the SIUE Student Financial Aid and Student Records office to obtain information from my Free Application for Federal Student Aid and other records including GPA. Should I receive an award, I give permission to the SIUE Alumni Association to utilize my name and award amount in any publicity or marketing materials.

_____

Signature of Applicant (in ink) Date

First and Last Name: _____

Alumni Certification

As a member of the SIUE Alumni Association, I certify the information in this application is accurate and current and that I am a member in good standing of the SIUE Alumni Association.

Member's Name | Relationship to Applicant

Member's Social Security Number

Member's Signature

First and Last Name: _____