

Complete in Blue or Black Ink Only

DEADLINE: JUNE 1, 2009

IU SCHOOL OF INFORMATICS SCHOLARSHIP APPLICATION

All requested information must be completed in order to be considered for financial assistance. Only original applications will be accepted.

***Incoming Freshmen** must submit a copy of their High School transcript.*
2009 - 2010
(Please type or print clearly)

University I.D. # _____

Name _____
Last First Middle

Home Address: _____
Street City State Zip

County of Residence: _____ Telephone _____

Bloomington Address: _____
Street City State Zip

E-mail: _____

Birth Date: ___/___/___ Age: _____ Sex: M ___ F ___ U.S. Citizen: Yes ___ No ___

2008-09 School Year: Freshman Sophomore Junior Senior Graduate

School: _____ Campus: _____ Major: _____

Full-Time Student ___ Part-time Student ___ (check one) Graduation: ___ / ___

Number of Hours Enrolled for 2008-09 _____ GPA: _____ SAT: _____ or ACT: _____

Are you receiving assistance from the Office of Student Financial Assistance? Yes ___ No ___

Are your parents submitting a Parents' Confidential Statement (Bankruptcy)? Yes ___ No ___

Name of Father (or legal guardian): _____
Age Occupation

Address: _____
Street City State Zip Telephone

Father's education: High School ___ College/Degree _____

Name of Mother: _____
Age Occupation

Address: _____
Street City State Zip Telephone

Mother's education: High School ___ College/Degree _____

Did either parent attend IU? Yes ___ No ___ Are you an independent student? Yes ___ No ___

Will parents or guardian assist with applicant's expenses? Yes ____ If yes, complete line 1) No ____ If No, complete line 2)

Line 1 REQUIRED: Annual income of Parents or Guardian: _____

Line 2 REQUIRED: Annual income of Applicant and/or Spouse: _____

Number of brothers: _____ Ages: _____ Number of sisters: _____ Ages: _____

Marital status: _____ Spouse's name: _____ Number of children: _____

Spouse's occupation: _____ Place of employment: _____

Other dependents: Yes ___ No ___ Relationship and extent of dependence? _____

Estimated resources and expenses: Complete the following for the 2008-2009 school year for which financial assistance is requested. (All amounts should be for the whole school year, not monthly.)

Income		Expenses	
1. Net Summer Savings	\$ _____	1. Food	\$ _____
2. Part-time employment during school year	\$ _____	2. Room	\$ _____
3. Spouse's income before taxes	\$ _____	3. Fees and Tuition	\$ _____
4. Assistanceship (Dept.)	\$ _____	4. Books	\$ _____
5. G.I. Bill	\$ _____	5. Taxes	\$ _____
6. Scholarships, Fellowships, etc. (Source _____)	\$ _____	6. Clothing	\$ _____
7. Family or Friends	\$ _____	7. Laundry and Cleaning	\$ _____
8. Dividends, interest, etc.	\$ _____	8. Insurance	
9. Other income (please specify)		Life	\$ _____
_____	\$ _____	Auto	\$ _____
_____	\$ _____	Health and Accident	\$ _____
_____	\$ _____	9. Medical or Dental	\$ _____
_____	\$ _____	10. Other (please specify)	\$ _____
Total Income	\$ _____	Total Expenses	\$ _____

OUTSTANDING UNIVERSITY LOANS

Type	Creditor	Amount	Due Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION (other than Indiana University):

School (name)	Address	Years attended (from/to)	Degree or Diploma	High
College (name)	Address	Years attended (from/to)	Degree or Diploma	
College (name)	Address	Years attended (from/to)	Degree or Diploma	

EMPLOYMENT: (list employment experience for the past 3 years, present employment, approximate income)

Name of Employer	Address	Period of Employment	Income
Name of Employer	Address	Period of Employment	Income
Name of Employer	Address	Period of Employment	Income

REFERENCES:

Name	Address	Occupation	Telephone
Name	Address	Occupation	Telephone
Name	Address	Occupation	Telephone

1. I am at least a part-time student as defined by the University.
2. I need financial assistance to continue my academic studies.
3. I will use any scholarship only for school and living expenses for myself, spouse and children herein.
4. There is no significant change in Parents' Resources Information already on file.
5. I certify that the statements in this application are true and correct to the best of my knowledge.
6. I acknowledge that the names of successful candidates will be shared with the Donor(s) and, if I am chosen as a recipient of an Indiana University Foundation Scholarship, I expressly authorize IU Foundation to release my information provided, to the Donor(s).
7. I will provide a letter of appreciation to the scholarship program sponsor and attend any event(s) pertaining to my scholarship.

Date _____ Signature _____

- If needed, please attach a brief explanation of special circumstances that should be taken into consideration.
- If you feel that you meet a particular fund's criteria, please list that scholarship on the back of this page.
- If you are chosen as an IUF scholar, your funds will not be released to the Bursar's Office until you complete your letter of appreciation to the scholarship program sponsor. If you fail to write your letter of appreciation in a timely manner, your scholarship funds may be forfeited.

