



SIUE Alumni Association Legacy Scholarship
College Student Application for 2012-2013
DEADLINE: Postmark February 25, 2012

ALL INFORMATION WILL BE KEPT *STRICTLY CONFIDENTIAL*.

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Email Address _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ 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 Grad _____

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*. **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

First and Last Name: _____

Honors and Awards – Please add additional pages as needed.

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

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?

Additional Scholarships/Financial Aid

Please list any scholarships and/or financial aid you have already received. Include the scholarship amount, time frame and what expenses the award covers:

First and Last Name: _____

Financial Need

Please provide your family's total household adjusted income as reported on IRS FORM 1040

Please provide your family's expected contribution (EFC) according to the FAFSA finding:

Has either parent or legal guardian been employed at SIUE for seven or more years? If so, are you eligible for a 50% tuition waiver?

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.

Please note that failure to provide all of the required information and/or complete both essay questions will result in your application not being considered by the selection committee. Resumes and transcripts cannot be attached in lieu of completing the application questions.

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 Students 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

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 current member of the SIUE Alumni Association. *If you are unsure of your membership status, please contact our office at 618-650-2760 prior to submitting the application.*

Member's Name

Relationship to Application

Member's Social Security Number

Member's Signature

First and Last Name: _____