PURPOSE:

The purpose of the Alumni Scholarship Awards in the College of Applied Sciences and Arts is to provide financial support for educational expenses. For this reason, financial need is an appropriate reason for making application. It is anticipated that awards will be made each Fall Semester and each Spring Semester (Summer Semester excluded). Applications for the Spring Semester 2014 are due by October 11, 2013.

SCHOLARSHIP CRITERIA:

Applications will be reviewed and evaluated by the College of Applied Sciences and Arts Board of Counselors on the basis of the following criteria:

1. Applicant must be a relative of a Southern Illinois University graduate; with preference given to a relative of CASA, CTC, STC, or VTI alumnus.

2. Applicant must be enrolled in a CASA degree program.

3. Applicant must be enrolled full-time (minimum of 12 credit hours) for the semester of the award.

4. Applicant must provide documentation showing good academic standing such as previous college transcripts, GPA or ACT composite scores.

NOTE: First-time applicants will be given priority for an award. However, a person may apply each semester he/she is enrolled in a program in the College of Applied Sciences and Arts. A separate application must be submitted along with a copy of transcripts for each semester an award is sought.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED!!!
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE
COLLEGE OF APPLIED SCIENCES AND ARTS (CASA)

SPRING SEMESTER 2014
ALUMNI SCHOLARSHIP APPLICATION

This application will be considered for Spring Semester 2014 only.

I. General Information

Name: ___________________________ ___________________________ ___________________________
       Last       First       Middle

SIU ID #: _____-_____ - _____

University Address: ____________________________________________
                      Street
                      City   State   Zip   Phone

Permanent Address: ____________________________________________
                    Street
                    City   State   Zip   Phone

High School: ___________________________ Year Graduated: ____________

Father’s Name: ___________________________ Mother’s Name: ___________________________

Name of Alumnus: ___________________________ (Specify Relationship ____________________).

Alumnus graduated from: ___VTI/STC/CTC/ASA or from ___another SIUC academic unit in 19___ or 20___.

Previous VTI/STC/CTC/ASA Alumni Scholarship Awards? ___Yes ___No;

If yes, please list semester(s)/year(s): _______________________________________

Current status: ___ Recent high school graduate (1st semester SIUC freshman)
                  Transfer student
                  CTC/CASA continuing student
                  College graduate

Class rank the semester you wish to be considered for this scholarship:

       ___ Freshman    ___ Sophomore      ___ Junior      ___ Senior
School/Department in which you are enrolled:
___ Allied Health
___ Architecture
___ Information Systems & Applied Technologies
___ Automotive Technology
___ Aviation Management & Flight
___ Aviation Technologies

Major: ____________________________________  Minor: ____________________________________

Anticipated date of graduation: ______  Anticipated degree: ___ Associate  ___ Bachelor

List all honors or awards received in high school or college:
________________________________________________________________________________________
________________________________________________________________________________________

II. Pertinent Information (Attach additional pages, if necessary)

A. What are your educational goals?

B. How will this scholarship help you achieve your goals?

To the best of my knowledge, the information contained above is true and accurate. I am fully aware that any intentional falsification of information may result in the denial of the application or loss of aid currently being received. I realize this scholarship may be revoked if I fail to meet the designated requirements.

Signature of Applicant ____________________________  Date __________________________

Return completed application by **October 11, 2013** to:

Dean’s Office
College of Applied Sciences and Arts, MC 6604
Southern Illinois University Carbondale
1365 Douglas Drive
Carbondale, IL 62901
Phone: (618) 536-6682