

## APPLICATION FOR PARENTS CLUB SCHOLARSHIP

**DIRECTIONS:** Application must be returned to the Student Life Office by 4:30 p.m., Friday, February 19, 2010. With the Application you must include: 1) Letter of reference supporting your application, 2) typed one-page essay on why you should receive this scholarship.

Name \_\_\_\_\_ E# \_\_\_\_\_ US Citizen YES / NO

Address \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Fall Semester Address \_\_\_\_\_ Fall Sem. Phone # \_\_\_\_\_

Fall Semester information appreciated, if known.

Son/Daughter of: \_\_\_\_\_

If selected, how would you want parent(s)/guardian(s) names listed in news article?

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Graduate of \_\_\_\_\_ Date of HS Graduation \_\_\_\_\_

High School

Post-secondary schools attended: \_\_\_\_\_ Dates \_\_\_\_\_ Hours Completed \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

EIU Hours Completed \_\_\_\_\_ Yr. in School (Fall Sem.) \_\_\_\_\_ GPA Cum. \_\_\_\_\_

Major \_\_\_\_\_ Expected graduation date \_\_\_\_\_ / \_\_\_\_\_

Semester / Year

**PLEASE DO NOT INCLUDE RESUME**

**Organizations/Activities:** Indicate in your essay how you are involved in the following organizations/activities and circle below whether these organizations are (S) Service (A) Academic (O) Social in nature.

EIU and/or Charleston Community

Your Home Community

\_\_\_\_\_ S A O / \_\_\_\_\_ S A O

\_\_\_\_\_ S A O / \_\_\_\_\_ S A O

\_\_\_\_\_ S A O / \_\_\_\_\_ S A O

**Work Experience:** (Jobs and dates held)

During School / During Breaks / Both

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I declare the information reported on this application is true, correct and complete.**

Signature

Date

(OVER)

**APPLICATION FOR PARENTS CLUB SCHOLARSHIP**

**FINANCIAL AID INFORMATION**

**Please list all financial aid (grants, scholarships, loans, family contributions) being received or expecting to be received for the school year in which the student is applying.**

AMOUNT

**GRANTS:**

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**SCHOLARSHIPS:**

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**LOANS:**

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**FAMILY  
CONTRIBUTIONS:**

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**MISCELLANEOUS:**

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**STUDENT AUTHORIZATION:**

I, \_\_\_\_\_, do hereby authorize the Financial Aid Office at Eastern Illinois University to release any and all Financial Aid information on file in that office for the school year in which the student is applying to EIU Parents Club.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Number

**Please return application to:**

EIU Parents Club  
Student Life Office  
3065 University Union  
Eastern Illinois University  
217/581-3829

**Application Deadline: 4:30 p.m., Friday, February 19, 2010**