

# Dr. Harold M. and Alice D. Cavins Scholarship Application Form – 2009

Return completed form and materials to the Department of Kinesiology and Sports Studies, Lantz 2506 by **4:00pm, April 17, 2009**. Questions may be addressed to Dr. Jill Owen, 581-2215, [jdowen@eiu.edu](mailto:jdowen@eiu.edu).

Applicant Information (Please print or type)

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address

Local \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School \_\_\_\_\_ H.S. Graduation Year \_\_\_\_\_

EIU Major \_\_\_\_\_

(must be in a health related field)

Minor \_\_\_\_\_

Class level \_\_\_\_\_

(must be junior, senior, graduate student)

Semester and year in which you expect to graduate \_\_\_\_\_

(Sem) (Yr)

Cumulative GPA to date \_\_\_\_\_

\*Attach a letter of reference attesting to your integrity of character.

\*Please describe your service to the community in narrative form (200 word maximum).

Name(s) and Address (es) of Parents:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_