Joon Park Student Leadership Experience Scholarship Application

<u>All</u> requested information <u>must be completed</u> in order to be considered for this award. Only original applications will be accepted.

(Please type or print clearly)

			University I.D. #	
Name				
Home Address:				
County of Residence:			Telephone	
Bloomington Address:				
Telephone:		E-Mail		
Birth Date:/	Age:	_ Sex: M F	U.S. Citizen: YesNo_	
School year:	(circle year	ar level) Freshman	Sophomore Junior Senior	
School:		_		
Campus:		_		
Major:		_		
Graduation:/				
Number of Hours Enrolled for	or this acader	mic year Gl	PA:	
Are you receiving assistance	from the Off	fice of Student Financ	ial Assistance? Yes No_	
EDUCATION (other than	Indiana Un	niversity):		
High School (name), Address, Year	s attended (from	m/to), Degree or Diploma		
1				
2				
3.				

EMPLOYMENT: (Write NA if not applicable)

Name of Employer	r, Address, Period of Employment
1	
2	
3	
IU Faculty Re	eferences:
Name, Address, Oc	ecupation, Telephone
2	
3	
 I certify t I acknow recipient release m I will pro 	what you expect to gain from participating in the conference. Please attach your 0-750 words) that the statements in this application are true and correct to the best of my knowledge eledge that the names of successful candidates will be shared with the Donor(s) and, If I am chosen as a of the Joon Park Student Leadership Experience Travel Grant Award, I expressly authorize IU Foundation to my information provided, to the Donor(s). To vide a letter of appreciation and a reflection statement (250-500 words) to the scholarship program within 2 weeks after the conference and attend any event(s) pertaining to my scholarship if necessary.
Date	Signature
For ACC Staff: Checklist:	
	Short summary of his/her article (if applicable)