

SCHOLARSHIP APPLICATION



2017-2018 ACADEMIC YEAR

FOR FULL CONSIDERATION OF ALL SCHOLARSHIPS, THIS APPLICATION MUST BE SUBMITTED BY JANUARY 15, 2017. AFTER THAT DEADLINE, SCHOLARSHIPS ARE AWARDED BASED ON AVAILABILITY. FOR A COMPLETE SCHOLARSHIP LISTING, PLEASE GO TO www.vinu.edu/scholarships

All scholarship applications submitted will be considered for an award by a committee that will review each applicant's qualifications. Each committee's goal is to distribute more than \$1,000,000 to those who are most qualified and/or most in need. A student may receive multiple awards, but only one academic scholarship. Scholarship awarding is contingent on a student's successful admission to VU for the specific term(s) requested. For first and full consideration of VU Foundation scholarships, scholarship applications must be received by January 15, 2017.

Filing of the FAFSA is required for all academic scholarships and most Foundation scholarships. We strongly recommend that every family submit a FAFSA each year, even if you do not feel you will qualify for federal or state grant aid. Priority Deadlines: Vincennes University applications - January 15; FAFSA - March 10.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. PLEASE TYPE OR PRINT CLEARLY.

Date	Social Security or VI	U A#	Date of Birth//		
Mr. Ms. Mrs.					
Applicant's legal name	Last				
			First	MI	
AddressStreet		City	County	State Zip	
Phone ()		Email			
High School AttendedCity			HS Grad Yr		
·		City	State	Including GED	
Intended or current major	at VU				
Are you a dependent of a	VU Alumni? Y or N				
		Name (s) and	Attendance Years		
Circle any that apply: 1	st Year VU Student • Returning	g VU Student • Transfer	Student • First Gener	ration College Student	
Where do you currently att	tend or plan to enroll? B	Beginning what term:	FALL 2017	SPRING 2018	
• Vincennes Campus	• Gibson County Center	Indianapolis Avia	tion Tech Center	Military Site	
 Jasper Campus 	• Distance Education	 Indianapolis Ame 	r. Sign Language	Other	
CIRCLE THE FOLL	OWING DIPLOMA/PROGRAM I	BELOW THAT APPLY TO	YOU. BE CERTAIN	OF YOURSTATUS.	
• Academic Honors	• Technical Honors • Co	ore 40	• 21st Cen	tury Scholar	
• GED	General S	pecial/Other			

Provide information regarding **above ordinary** expenses or financial circumstances that present a financial challenge in regards to paying for your education. An additional sheet may be attached:

Attach any additional information you feel is important. Example: Awards, leadership positions you have held, extra-curricular activities, employment, community service, etc. Many scholarships require two letters of recommendation. We strongly advise submitting two letters of recommendation.

Combined Income of parent(s) you reside with or
your income (including spouse) if you are 24 or older
or classified as independent on your FAFSA.

Less than \$25,000 \$25,001-\$50,000

\$50,001-\$75,000

\$75,001-\$100,000

\$100,001-\$125,000 More than \$125,000 Number of family members in household (# of people living with you that are related to you-including yourself).

Have you ever been convicted of a felony? Y or N If yes, please attach letter of explanation.

COLLEGE GPA Cumulative Most recent semester If NOT VU; transcript copy required

Attended Another College Previously

Name, city and state of college and years of attendance

IF YOU ARE GRADUATING OR HAVE GRADUATED FROM HIGH SCHOOL WITHIN THE LAST <u>TWO YEARS</u> AND HAVE NOT
PREVIOUSLY ATTENDED VU, THIS INFORMATION IS REQUIRED. A TRANSCRIPT COPY IS ACCEPTABLE.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

HIGH SCHOOL COUNSELOR OR OTHER HIGH SCHOOL OFFICIAL TO COMPLETE THIS SECTION. STUDENT SUBMITTED INFORMATION IN THIS SECTION WILL NOT BE ACCEPTED.

HI	GH SCHOOL GPA	ON 4.0 SC	ALE CLASS F	RANK	_OF		
	DIPLOMA TYPE:						
ACADEM	IC HONORS	TECH HONORS	CORE 40	GENERAL	GED		
SAT	Critical reading	MATH	Writin	G	TOTAL		
ACT	ENGLISH	MATH	READIN	G			
	SCIENCE	COMPOSITE		NO SAT OR ACT SCORES			
F		RES FOR EACH SECTION II OR: PLEASE PROVIDE YOUK		. ,	I AN ONE TIME IDENT; ATTACH LETTER IF NEEDED		
Si	gnature (H.S. Counseld	or)	Date		High school		

To the best of my knowledge and belief, there is no reason that would prevent my being eligible to receive a scholarship from Vincennes University. The VU Foundation, its Scholarship Committee, faculty and staff, have my permission to review and verify stated information. My signature indicates all information on this application is accurate and I agree to the above stated terms.

Student Signature	(if under 18 years of age, parent/guardian signature)	Date	
	Submit COMPLETED application by m	il, fax or e-mail scan to:	
	VU Foundation and Alumni Center • 1002 N. F Telephone: (812) 888-4510 • Toll Free: (8 Email: <u>vuscholarships@vinu.edu</u> • <u>w</u>	77) 300-6992 • FAX: (812) 888-5942	