



# Scholarship Application

Funded by the *Inspiring Women* Program

"  
"  
"  
"  
"  
"

*Please TYPE in the following information, then PRINT and SIGN the application.*

Legal Name (Last)	(First)	(Middle)	City, State, Zip Code	County
Area Code and Telephone Number			E-mail Address	
When do you plan to enter SIUC? Year 20____ Summer Fall Spring			Year of Graduation from HS	

What is your intended major or area of study? \_\_\_\_\_

**Awards:** List awards, honors or special recognitions you received during high school.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Extracurricular Activities:** List school activities and community services in which you have participated. Indicate leadership positions held (if any) and describe the leadership qualities that you have demonstrated.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

