

**APPLICATION FOR A TUITION WAIVER SCHOLARSHIP
FROM THE COLLEGE OF SCIENCE**

As an applicant for a tuition waiver award from Southern Illinois University Carbondale, I understand that the University has the legal authority to release my name and address, the name of my former high school or college, the name of my award, and the award amount. This release is valid for the period of time the tuition waiver is in effect.

I. PURPOSE

The purpose of the Tuition Waiver Scholarship as designated by the Board of Trustees is to assist students who have attained high levels of academic achievement. Please return the application to Dr. Douglas Fix, Department of Microbiology, Life Science II 131 (Mail code 6508).

II. ELIGIBILITY

A. ALL APPLICANTS must be *coded* in the College of Science. Applicants coded in another unit and having an additional major in the College of Science are not eligible.

B. ALL APPLICANTS must have a minimum 3.0 grade point average in all courses taken at SIUC and be enrolled in at least 12 credit hours in the semester for which you are applying.

C. ALL APPLICANTS must be Microbiology majors who have taken (or are currently enrolled in) MICR 301.

Please note that you will NOT be considered for a tuition waiver scholarship from the College of Science UNLESS you are coded in science. Complete the specific term(s) for which you are applying.

Fall Semester _____ Spring Semester _____

III. GENERAL INFORMATION

Name _____ Date _____
Last First Middle

Social Security Number _____ Phone _____

Mailing Address _____
No. & Street City State Zip

IV. EDUCATIONAL INFORMATION

The following requested information is to be based upon the last semester (usually spring) attended at SIUC.

Freshman _____ Sophomore _____ Junior _____ Senior _____

Semester _____ # of credit hours _____ Grade Point Average _____

Overall SIUC grade point average _____ Major _____

What are your future vocational plans?

List honors, offices held, or co-curricular activities at the university level only:

V. FINANCIAL INFORMATION

List **as accurately as possible** the amount of financial aid you will be receiving this upcoming fall/spring semester(s) from each of the sources listed below. Enter both the amount per semester and total amount from each of these programs. Enter "NA" if not applicable.

NAME	Summer _____	Fall _____	Spring _____	TOTAL
Illinois Student Assistance Commission				
Pell Grant				
SEOG				
Stafford Loan				
GI Bill				
Student Employment				
Other (Specify)				
TOTAL				

VI. PERTINENT INFORMATION

State below any other pertinent information which you feel might assist in review of your application. **Do NOT include pre-university activities.**

VII. ACADEMIC REQUIREMENT

Recipients of Tuition Waiver scholarships must enroll for a minimum of 12 credit hours each for fall or spring semesters. The Tuition Waiver will be revoked should enrollment fall below the minimum stated above at any time during the semester or leave the College of Science. The student will be assessed tuition costs accordingly.

VIII. TIME PERIOD OR TERM(S) COVERED BY THE WAIVER

Tuition waivers are granted on a semester basis beginning with the summer semester. The tuition waiver may be renewed for the following fall and spring semester depending on available financial resources of the college. This application form will suffice for all semesters.

IX. ACCURACY AND RELEASE OF INFORMATION

I do hereby state that the information contained herein is to the best of my knowledge true and accurate. I am fully aware that any intentional falsification of information contained herein may result in the denial of the application or loss of aid currently being received. I realize, furthermore, that this scholarship may be revoked if I fail to meet the designated requirements. As a condition of receiving a tuition waiver, recipients must sign a release of information.

SIGNATURE OF APPLICANT: _____

DATE: _____