

TRANSFER SCHOLARSHIP APPLICATION 2009-2010
UNIVERSITY OF ILLINOIS AT SPRINGFIELD

Name: _____
Last First M.I.

Social Security Number: (optional) _____

Address: _____
Street

_____ *City State Zip*

Phone: _____
(day) (evening)

Email Address: _____

Name of the community college you are transferring from:

Community College

I plan to enroll at UIS for:

_____ credit hours Fall 2009 semester _____ credit hours Spring 2010 semester

All scholarship recipients must be newly enrolled on a full-time basis beginning the fall semester and remain enrolled as full-time students in good academic standing in order to be eligible for renewal. Scholarship recipients may receive this scholarship for a total of up to 4 consecutive semesters (excluding summer terms).

INSTRUCTIONS: *Mail this application, a brief personal narrative, two letters of recommendation, and official copies of your academic transcripts to:*

Office of Admissions
Attn: Transfer Scholarship
University of Illinois at Springfield
One University Plaza, MS UHB 1080
Springfield, IL 62703-5407

Narrative must be written by you and you should identify specific characteristics such as personal, educational, and vocational goals, awards, honors, volunteer work, community involvement, and activities. The format of the narrative is at the discretion of the student. Suggestions include resume style of brief (two page maximum) essay.

Two Letters of Recommendation may be from faculty, academic program committee members, an employer, or someone who knows you well.

*** This scholarship is selective and competitive.**

DEADLINE: April 1, 2009