
F. Please use the space below to respond to the following questions:

1. What are your educational and career goals?
2. How would a scholarship enable you to overcome financial or other barriers to the attainment of your educational goals?
3. What would you like the scholarship committee to know about you (i.e., community work, volunteerism)?

If needed, attach additional sheet.

Applicant Signature

Send to: Director of University Scholarships
University Scholarship Committee
Northeastern Illinois University
5500 North St. Louis Avenue
Chicago, Illinois 60625-4699

APPLICATION FOR SCHOLARSHIPS

Date of Application _____

Please print

A. Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Birth Date _____

Intended Major _____

B. Complete this section if you are a **high school** student:

Name of High School _____

Year of Graduation _____ Cumulative Grade Point Average _____

A.C.T./S.A.T. Score _____ Class Rank _____

C. Complete this section if you are a **college** student:

Name of College/University **Currently** Attending _____

Number of Hours Completed _____ Cumulative Grade Point Average _____

Major _____

Name of Colleges/Universities **Previously** Attended _____

Number of Hours Completed _____ Cumulative Grade Point Average _____

D. Complete this section if you are a **returning adult** student:

Name of Colleges/Universities **Previously** Attended _____

Number of Hours Completed _____ Cumulative Grade Point Average _____

Name of high school (if no college work) _____

E. Have you applied for admission to the university? yes no

Have you applied for financial aid? yes no

Have you been awarded financial aid? yes no

FOR OFFICIAL USE:	
ACT _____	RANK _____ / _____
E _____	HRS. ENR. _____
TERM APPL. _____	TOTAL HRS. _____
TERM ADM. _____	
ADM. TYPE _____	
MAJOR _____	G.P.A. _____