



Bruce and Mary Lou Swinburne Scholarship Application

Division of Student Affairs & Enrollment Management

A \$1,000 scholarship (\$500 Fall Semester and \$500 Spring Semester) will be presented to an undergraduate, graduate, or professional student in honor of Bruce and Mary Lou Swinburne. Dr. Swinburne served SIUC for 14 years as Vice President for Student Affairs prior to his retirement in 1987.

Financial need and involvement in SIUC extracurricular activities and organizations will be considerations in determining the scholarship recipient. Applicants must be full-time students.

With the exception of international students, all applicants must complete a Financial Aid Application prior to consideration for the award. Complete your Free Application for Federal Student Aid (FAFSA) online at www.fafsa.ed.gov.

To be considered for this award, applicants must submit the Bruce and Mary Lou Swinburne Scholarship application and be admitted into SIUC by February 1 prior to the fall semester of attendance.

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

Legal Name (Last)	(First)	(Middle)	Social Security Number
Local Street Address		City	State Zip Code
Area Code and Telephone Number	E-mail Address	Status Undergraduate Graduate Professional	
Number of semesters of attendance at SIUC: _____ Number of semesters remaining until graduation: _____ SIUC Cumulative Grade Point Average: _____ Academic Major: _____		Do you have a financial aid application (FAFSA) for the current academic year on file with the SIUC Financial Aid Office? Yes No Don't Know Not Applicable (International Student)	

Awards: List awards, honors or special recognitions you received during college.

Employment: List your paid employment positions that you have held and the number of hours worked per week.

Extracurricular Activities: List school activities and community services in which you have participated. Indicate leadership positions held (if any).

Explain your career aspirations and college goals and how you expect to meet those goals by attending Southern Illinois University Carbondale?

List any other scholarships that you will be receiving (please include the value per year for each scholarship).

ALL APPLICANTS MUST COMPLETE THIS SECTION

I accept the conditions of the award described in this application. I signify that the information supplied for admission to Southern Illinois University Carbondale is true and accurate, to the best of my knowledge. Further, I understand my obligation to notify SIUC in writing as soon as possible if I modify my decision to enroll. As a recipient of an academic scholarship 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 scholarship is in effect.

Signature of Applicant

Date

PLEASE RETURN THIS APPLICATION ACCOMPANIED BY TWO LETTERS OF RECOMMENDATION TO:

Terri Harfst
Financial Aid Office
Mailcode 4702
Southern Illinois University
Carbondale IL 62901-4702