

# THE CATHERINE ROMANO ORTH SCHOLARSHIP

## APPLICATION

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

If you are an incoming freshman, please give high school information:

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

High School Class Rank: \_\_\_\_\_ High School GPA: \_\_\_\_\_

If you are a transfer student please give the following information:

Name of previous college: \_\_\_\_\_ GPA: \_\_\_\_\_

If you are a continuing student at IUSB, please give the following information:

Major: \_\_\_\_\_ GPA: \_\_\_\_\_

Are you a single parent? \_\_\_\_ Yes \_\_\_\_ No

If yes, list the ages of your minor children for whom you have sole or shared parental responsibility: \_\_\_\_\_

### **STATEMENT**

On an attached page, please provide a signed 300-500 word statement of purpose. Explain why you merit this scholarship and how receipt of this award would assist you in reaching your educational and career goals.

I certify that the information and statements made in this application are accurate and complete to the best of my knowledge. I give my express permission for the IUSB Office of the Registrar to provide an internal academic transcript and for the IUSB Office of Financial Aid to provide the results of my FAFSA to the Office of Student Scholarships for review by the scholarship committee, according to the criteria established for the scholarship.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Completed scholarship applications must be returned to the Associate Dean's office, College of Liberal Arts and Sciences, 3300 Wiekamp Hall, by March 1.