



Dorothy Allen Memorial Mathematics Scholarship

Application Form

| | | | |
|----------------------|--------|------|---------------------|
| Student Name: | | | Student ID#: |
| Address: | | | Tel: |
| | | | Fax: |
| | | | E-mail: |
| City: | State: | Zip: | URL: |

| | |
|---|---|
| Undergraduate International Student Total IUSB Credits Passed: _____, GPA: _____ Mathematics Credits Passed: _____, GPA: _____ Degree Sought: _____ Expected Date of Graduation: _____ International background: Yes __, or No __ International educational experience: Yes __, or No __ | Graduate International Student Graduate Mathematics Credits Passed: _____, GPA: _____ Degree Sought: _____ Expected Date of Graduation: _____ International background: Yes __, or No __ International educational experience: Yes __, or No __ |
|---|---|

Autobiographical Summary: (or attach a detailed resume)

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Submit the completed application and a **personal statement** regarding your academic goals and what you hope to accomplish with your education, to Mathematics Scholarship Committee, Department of Mathematical Sciences, Indiana University South Bend, 1700 Mishawaka Ave., South Bend, IN 46634-7111, (574) 520-4335, www.iusb.edu/~math (Application Deadline: March 15)

| | | | |
|-------------------------|-------------|---|-------|
| OFFICE USE ONLY: | Date: _____ | Action: _____ Amount: _____ Distribution: _____ | Note: |
|-------------------------|-------------|---|-------|