

# INDIANA UNIVERSITY SOUTH BEND

## The Josephine A. Byron Memorial Scholarship

### **PURPOSE and INFORMATION**

The Josephine A Byron Memorial Scholarship provides a current or entering undergraduate student enrolled at IU South Bend with financial assistance in pursuing or completing a degree. The scholarship is awarded annually through the IU South Bend Scholarship Committee.

### **CRITERIA**

The applicant must:

- (a) Be formally admitted to IU South Bend.
- (b) Preference will be given to applicants who have a cumulative GPA of 3.3+

To assist the IU South Bend Scholarship Committee in determining the most qualified recipients applicants must:

- (a) Complete a needs analysis form such as the Free Application for Federal Student Aid (FAFSA).
- (b) Complete a signed statement describing how this scholarship will assist you in attaining your academic goals.

Applications are available online at [www.iusb.edu/~scholar1](http://www.iusb.edu/~scholar1). Return completed applications to the IU South Bend Office of Student Scholarships, Administration Building Room 151, 1700 Mishawaka Avenue, Post Office Box 7111, South Bend, Indiana 46634-7111.

**Completed applications must be received by the Office of Student Scholarships by April 1 each year.**

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## 2008-09 Josephine A. Byron Memorial Scholarship Application

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Class standing for the award year (circle one):

Beginning Freshman   Continuing Freshman   Sophomore   Junior   Senior   Transfer Student

Current cumulative GPA: \_\_\_\_\_

Please provide a signed statement explaining how this scholarship will assist you in attaining your academic goals.

Please sign and date the following statement:

I certify that the statements made in this application are accurate and complete to the best of my knowledge. I hereby give my express permission for the IU South Bend Office of the Registrar to provide an internal academic transcript and for the IU South Bend Office of Financial Aid to provide the results of my FAFSA to the scholarship committee for review with this application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Completed application must be received by the IU South Bend Office of Student Scholarships, Administration Building Room 151, 1700 Mishawaka Avenue, Post Office Box 7111, South Bend, Indiana 46634-7111 by **April 1** each year.