# Dorothy Allen Memorial Mathematics Scholarship Application Form

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student ID#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Tel:</td>
</tr>
<tr>
<td></td>
<td>Fax:</td>
</tr>
<tr>
<td></td>
<td>E-mail:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

**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:___________