

DEADLINE: MARCH 1, 2009

**Reverend Dr. Ernest D. Butler Humanitarian
SCHOLARSHIP APPLICATION**

All requested information must be completed in order to be considered for financial assistance. Only original applications will be accepted.

Incoming Freshman must submit a copy of their High School transcript.

2009-2010

(Please type or print clearly)

University I.D.# _____

Name _____
Last First Middle Last four digits of your Social Security

Home Address _____
Street City State ZIP

County of Residence _____ Telephone _____

Bloomington Address _____
Street City State ZIP
Telephone E-Mail

Birth Date ___/___/___ Age: _____ Sex: M ___ F ___ U.S. Citizen: Yes ___ No ___

2009-10 school year: Freshman Sophomore Junior Senior Graduate School: _____
Campus: _____

Full-Time Student ___ Part-time Student ___ (check one) Major: _____
Graduation ___/___

Number of Hours Enrolled for 2009-2010 _____ GPA: _____ or SAT: _____ Month Year

Are you receiving assistance from the Office of Student Financial Assistance? Yes ___ No ___

Are your parents submitting a Parents' Confidential Statement (Bankruptcy)? Yes ___ No ___

GENERAL

Name of Father (or legal guardian): _____
Age Occupation

Address: _____
Street City State ZIP Telephone

Father's education: High School _____ College/Degree _____

Name of Mother: _____
Age Occupation

Address: _____
Street City State ZIP Telephone

Mother's education: High School _____ College/Degree _____

Did either parent attend IU? Yes ___ No ___ Are you an independent student? Yes _____ No _____

Will parents or guardian assist with applicant's expenses? Yes ____ (If yes, complete line 1) No ____ (If No, complete line 2)

Line 1 REQUIRED: Annual income of Parents or Guardian: _____

Line 2 REQUIRED: Annual income of Applicant and/or Spouse: _____

Number of brothers _____ Ages _____ Number of sisters _____ Ages _____

Marital status: _____ Spouse's name: _____ Number of children _____

Spouse's occupation: _____ Place of employment: _____

Other dependents? Yes ___ No ___ Relationship and extent of dependence? _____

Estimated resources and expenses: Complete the following for the 2009-2010 school year for which financial assistance is requested. (All amounts should be for the whole school year, not monthly.)

Income		Expenses	
1. Net Summer Savings	\$ _____	1. Food	\$ _____
2. Part-time employment during school year	\$ _____	2. Room	\$ _____
3. Spouse's income before taxes	\$ _____	3. Fees and Tuition	\$ _____
4. Assistanceship (Dept.)	\$ _____	4. Books	\$ _____
5. G.I. Bill	\$ _____	5. Taxes	\$ _____
6. Scholarships, Fellowships, etc. (Source _____)	\$ _____	6. Clothing	\$ _____
7. Family or Friends	\$ _____	7. Laundry and Cleaning	\$ _____
8. Dividends, interest, etc.	\$ _____	8. Insurance	
9. Other income (please specify)		Life	\$ _____
_____	\$ _____	Auto	\$ _____
_____	\$ _____	Health and Accident	\$ _____
_____	\$ _____	9. Medical or Dental	\$ _____
_____	\$ _____	10. Other (please specify)	\$ _____
Total Income	\$ _____	Total Expenses	\$ _____

OUTSTANDING UNIVERSITY LOANS

Type	Creditor	Amount	Due Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION (other than Indiana University)

High School (name)	Address	Years attended (from/to)	Degree or Diploma
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College (name)	Address	Years attended (from/to)	Degree or Diploma
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College (name)	Address	Years attended (from/to)	Degree or Diploma
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EMPLOYMENT (list employment experience for the past 3 years, present employment, approximate income)

Name of Employer	Address	Period of Employment	Income
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Name of Employer	Address	Period of Employment	Income
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Name of Employer	Address	Period of Employment	Income
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REFERENCES

Name	Address	Occupation	Telephone
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Name	Address	Occupation	Telephone
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Name	Address	Occupation	Telephone
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1. I am at least a part-time student as defined by the University.
2. I need financial assistance to continue my academic studies.
3. I will use any scholarship only for school and living expenses for myself, spouse and children herein.
4. There is no significant change in Parents' Resources Information already on file.
5. I certify that the statements in this application are true and correct to the best of my knowledge.
6. I acknowledge that the names of successful candidates will be shared with the Donor(s) and, if I am chosen as a recipient of an Indiana University Foundation Scholarship, I expressly authorize IU Foundation to release my information provided, to the Donor(s).
7. I will provide a letter of appreciation to the scholarship program sponsor and attend any event(s) pertaining to my scholarship.

Date _____ Signature _____

- **Additional requirements must be completed in order to be considered. See Website.**
- If needed, please attach a brief explanation of special circumstances that should be taken into consideration.
- **If you are chosen as an IUF scholar, your funds will not be released to the Bursar's Office until you complete your letter of appreciation to the scholarship program sponsor. If you fail to write your letter of appreciation in a timely manner, your scholarship funds may be forfeited.**

NAME: _____

If you are a selected recipient, the following information could be sent directly to your donor. Please provide detailed answers to the questions listed below.

1) Short bio on where you are from:

2) How did you determine to come to I.U.?

3) How do you expect your college education to help you help others?

4) Please list extracurricular activities and your interests:

5) What are your career goals?

6) Why do you need financial assistance?

Applicants must submit the following information with their application:

1. Nomination letter completed by their church minister commenting on the applicants work in the church.
2. Nomination letter completed by community leader commenting on the applicants work in the community.
3. A five hundred to eight hundred word essay by the applicant explaining why they should be considered for this humanitarian scholarship.
4. A photo (head-shots only) that will be used for publication if the applicant is awarded a scholarship.