

APPLICATION
2009 SUMMER INTERN SCHOLARSHIPS
Scholarship and Subsistence Grant

Name: _____
Last First Middle

Email: _____ Cell Phone: _____

School Residence: _____
Street Address

City State Zip

School Phone Number: _____ Dates you can be reached at this address _____

Home Address: _____
Street Address

City State Zip

Home Phone No: _____ Dates you can be reached at this address _____

College/University: _____
Name Business office or Dept. Handling Scholarships

Street Address

City State Zip

Accounting/Financial Aid Phone Number

Student ID No.: _____ Birth Date _____

College Major(s)/Minor: _____ Degree: _____

Expected Degree Completion Date: _____ Current Completed Credits: _____

Estimated 2009 Expenses: \$ _____ Current GPA: _____

How did you find out about this internship?

Online _____ Poster _____ Professor _____ Other _____

Continued on reverse:

1. Describe your interest in the Summer Intern program.

2. Do you have personal transportation for the summer? _____

3. Describe any physical limitations, recent health problems or related conditions that would affect your ability to perform strenuous physical activity under taxing environmental conditions.

4. References: Give names, addresses, and phone numbers of two persons who can testify to your personal qualifications and abilities.

Financial Need Information: You must fill out this section to be considered for an Anna Beal Scholarship. (A limited number of additional scholarships may be available for students that do not meet the financial need requirements of the Anna Beal program.)

5. List and explain outstanding academic loans and forms of financial aid (scholarships, grants, fellowships, etc).

6. What percentage of your annual college expenses are you providing yourself? Explain.

7. **Financial Need Certification: I hereby certify that the foregoing financial information is true and correct to the best of my knowledge and belief. I further certify that the amount of my financial need for the next academic year as established by standard financial aid forms "FFS" or "FAF" (or their approved equivalents) on file with my school is not less than \$2,000.**

Name (Please Print)

Signature
(Use additional sheets if necessary)

Date