

APPLICATION FOR SCHOLARSHIP

Please complete this application form and send it to your Campus Staff member. You will be notified when your application is approved.

This does not take the place of the camp/conference registration from which must be submitted, with the registration fee, to the registrar.

Please print all information clearly.

_____ U.S. Student
 _____ International Student
 _____ Freshman
 _____ Sophomore
 _____ Junior
 _____ Senior
 _____ Graduate Student

Name of Camp/Conference: _____ Dates _____

 Name

 College/University

 Home Address

 Address at School

 City State Zip

 City State Zip

Home Telephone: () _____

School Telephone: () _____

Use this Address after: ____ / ____ / ____

Use this Address until: ____ / ____ / ____

Office held in InterVarsity Chapter: _____

Reason(s) for needing financial aid:

Reason(s) for wanting to attend Camp/Conference:

Amount Requested: \$ _____

Date of Application: ____ / ____ / ____

 Applicant's Signature

DO NOT WRITE BELOW THIS LINE

Campus Staff Member's Recommendation:

Amount Recommended: \$ _____

Date: ____ / ____ / ____

 CSM Signature

Area Director's Approval:

Amount Approved: \$ _____

Date: ____ / ____ / ____

 AD Signature

Account Name to be charged: _____

Camp/Conference registrar:

Please forward to Accounting Services, InterVarsity, PO Box 7895, Madison, WI 53707-7895

Acctg 1/99 Acctg Use Only: _____ # _____