

URBANA 12

Application for Scholarship

Please complete this application form and email/send it to your InterVarsity Campus Staff. You will be notified when you application has been processed and a decision made on your request.

You must complete the Urbana 12 registration process prior to applying for scholarship funds and in order to register for the Urbana 12 Student Mission Conference.

Please print all information clearly.

U.S. Student	Second Year Undergrad	Graduate Student
International Student	Third Year Undergrad	Faculty
First Year Undergrad	Fourth Year Undergrad	Other

If "Other" explain:

Urbana 12 Participant ID Number:

Name	College/University				
Home Address	Address at School				
City	State	Zip	City	State	Zip
Home Phone	-	-	Cell Phone	-	-

Email Address:

Reason(s) for requesting financial aid:

Reason for wanting to attend Urbana 12:

List other sources you are pursuing for funding assistance. (E.g. church, family, etc.)

Scholarship Amount Requested: \$

Date of Application / / Applicant's Signature* _____

Campus Staff Member's Recommendation:

Scholarship Amount Recommended: \$ Date: / /

CSM Signature* _____ CSM Email Address

SASD Approval:

Scholarship Amount: \$

SASD Signature* _____ Date / /

* For electronic signatures please use last name and last 4 digits of Social Security Number