APPLICATION GUIDELINES

The University of St. Francis Alumni Scholarship is awarded to relatives of alumni/alumnae based on the following criteria:

I. Alumni Scholarships will be awarded according to the following order of priority:
   A. Son or daughter of alumnus/alumna
   B. Husband/wife or brother/sister of alumnus/alumna
   C. Grandchild of alumnus/alumna

II. Academic Achievement:
    An additional award may be received through the Alumni Association by a junior or senior with a grade point average of 3.5 or higher.

III. Applicants must be current students with no prior degree(s) earned from the University of St. Francis. Financial need will be taken into account. If the size of the Alumni Award will in any way jeopardize other financial aid a student is about to receive, the award will be adjusted so as not to harm other financial aid awards.

Please return this application to:
University of St. Francis
Financial Aid Services
500 N. Wilcox Street
Joliet, IL 60435

FOR ALUMNI OFFICE ONLY:

Eligibility Verified: ____________________________
Signature ____________________________ Date

Alum Name: ____________________________ Graduation Year: _____________

Alum Name: ____________________________ Graduation Year: _____________

Alum Name: ____________________________ Graduation Year: _____________
ALUMNI LEGACY SCHOLARSHIP APPLICATION

Date of Application: __________________________ Social Security #: __________________________

Name: ______________________________________ Phone #: __________________________

Address: __________________________________________

City: ______________________________ State: ________ Zip: __________________________

Have you applied for admissions?  __ YES __ NO  Are you a current student?  __ YES __ NO

Status for next semester (please check all that apply):

Classification    Class Status    Program of Study
__ Freshman     __ Full-time    __ College of Arts & Sciences
__ Sophomore    __ Part-time    __ College of Business &
__ Junior       __                      __ College of Education
__ Senior       __                      __ College of Nursing

GPA: ________ (all returning students)

List all name(s) of your relative(s) who have graduated from the University of St. Francis, their address, phone number, year of graduation and their relationship to you. Relative must be 1.) Son or daughter of alumnus/alumna, 2.) husband/wife or brother/sister of alumnus/alumna, or 3.) grandchild of alumnus/alumna to receive this scholarship.

1. Name (include maiden name): __________________________________________

Address: __________________________________________

Phone #: __________________ Grad Year: ________ Relationship: __________________________

Email: __________________________________________

2. Name (include maiden name): __________________________________________

Address: __________________________________________

Phone #: __________________ Grad Year: ________ Relationship: __________________________

Email: __________________________________________

3. Name (include maiden name): __________________________________________

Address: __________________________________________

Phone #: __________________ Grad Year: ________ Relationship: __________________________

Email: __________________________________________