



**Section 1: Student Information**

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

**Section 2: Award Information**

Item Type to be used in SIS awarding \_\_\_\_\_

Scholarship offer amount \$ \_\_\_\_\_ Scholarship entry term \_\_\_\_\_

**Purpose of scholarship:**

\_\_\_ Research and travel for student's degree (Reimbursement for departmental conference attendance should be processed through Travel Management Services.)

\_\_\_ Graduate school preparation (Graduate School Application Fee, GMAT, GRE, PRAXIS, MCAT...)

\_\_\_ Other study abroad

If other study abroad, please identify academic experience that requires funding to offset additional educational costs:

\_\_\_ Overseas Research

\_\_\_ International Internship

\_\_\_ Student Teaching in Another Country

\_\_\_ Volunteer Service Abroad

\_\_\_ Other (please provide details of experience): \_\_\_\_\_

\_\_\_ Additional housing expenses

Please identify educational and/or pre-professional academic experience that requires funding to offset additional housing costs: \_\_\_\_\_

\_\_\_ Other educational costs (please provide details of expense): \_\_\_\_\_

Total amount of expenses \$ \_\_\_\_\_

Please itemize the expenses to be paid by the Departmental award or attach a departmental memo:

\_\_\_\_\_  
 \_\_\_\_\_

**Enrollment Period and/or Period of Activity:**

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Departure Date (if leaving campus): \_\_\_\_\_ Return Date (if leaving campus): \_\_\_\_\_

Will student be enrolled on the IU Bloomington campus during the period of activity? \_\_\_ Yes \_\_\_ No

**Section 3: Signature & Consent**

Signature certifies that you have read and understand the guidelines on both the cover page and the actual Departmental Scholarships SEF form. The form must contain the signature of the named Department Official listed on the form. By signing this form you verify that you have reviewed the student's financial aid account to determine the student's unmet need. Signing this form also certifies you have obtained and possess all documentation related to the expenses outlined on this form.

Name of Department issuing scholarship: \_\_\_\_\_

Name of Department Official authorizing scholarship: \_\_\_\_\_

Signature of Department Official: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Email of Department Scholarship Processor: \_\_\_\_\_