

# 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: \_\_\_\_\_ # \_\_\_\_\_