## International Friends Club MARY WAKELAND SCHOLARSHIP AWARD APPLICATION

(for outstanding international student volunteers)

Name (Family)		(First)		(Middle)	
Mailing Address _	(Street)(Apt. ‡	<del> </del>	(Town)	(Zip Code)	
SIUC ID#	, , , ,	,	enship	` <b>1</b>	
Phone —		—— E-ma	ail Address		
Please circle: Freshn	nan Sophomore	Junior	Senior	Masters	PhD
Major —		- Date you be	gan studies at	SIUC —	
Date you began curren	t degree ——		- Graduation	Date —	
Cumulative GPA -	Number o	of fall and spr	ing semesters	at SIUC _	
Date volunteer service	began	Number of	semesters ser	ved	
contact person for each					ters documenting
REFERENCES: Name		Organization	1	Phone Numl	<u>ber</u>
I hereby declare under po any intentional falsificati this scholarship may be next academic semester.	on of information conta	ained herein m	ay result in den	ial of the applicat	ion and further tha
Signature				Date ——	