

INGA SOLLBERGER GRANT

The Inga Sollberger Grant is a monetary award given each academic year in total or in portions thereof by the International Friends Club (IFC) and at the discretion of the IFC Board to assist a needy international student, dependent spouse, or child with catastrophic medical/dental bills. The total available annually for this award is \$1,000; fluctuations in this amount will be determined by the board.

Students may apply at any time during the year. The board will review all applications to determine how the funds should be allocated. The awardee(s) will then be selected and all applicants will be informed of the board's decision in a timely fashion. Applications should be sent to: the Community Programs Coordinator, International Students and Scholars, SIUC, Carbondale, IL 62901-6514.

Copies of unpaid bills from the healthcare provider(s), explanations of benefits from the insurance company, and proof of payments already made should be attached to the application. Applications with bills will be carefully reviewed and--if approved--forwarded to the SIU Foundation for payment up to the assigned limit. All payments are made directly to healthcare providers only. If healthcare charges have been applied to the student's Bursar account, payment will be made to the Bursar. The actual amount awarded may be divided among several healthcare providers when necessary and will not exceed the student's financial liability.

Eligibility Guidelines

1. SIU Carbondale international students or their immediate family members with unexpected catastrophic medical or dental bills are eligible.
2. The grant is available only to international students; U.S. citizens and permanent residents are not eligible. Residency will be verified.
3. The applicant must be enrolled and in good standing as a full time student at SIUC.
4. The recipient may not be a CESL student.
5. A pregnancy that leads to an emergency would qualify for consideration.
6. Individuals who did not secure health insurance for themselves or their family upon arrival in the United States may be excluded. If an international woman is pregnant upon arrival and therefore not covered by health insurance, she will be eligible.

Inga Sollberger Grant Application

IMPORTANT: Type or print legibly. Answer all questions as completely as possible and include all attached pages. Incomplete applications will not be considered. Attach extra sheets as needed for space and return application to the Center for International Education.

Family Name: _____ First Name: _____

Current Address: _____

Home Phone: _____ Office Phone: _____ Email: _____

Are you enrolled full time at SIU? _____ Student I.D. # _____

Married? _____ Yes _____ No /Children? Yes _____ No _____ /How many? _____

Is your family living in Carbondale while you go to school? Yes _____ No _____

Are you solely responsible for your family's financial needs? Yes _____ No _____

Are you applying for yourself? _____ A family member? _____ Relationship? _____

Are you employed? Yes— No— Are you a sponsored student? Yes— No—

Family member's full name: _____

Special circumstances about your case: _____

Describe the medical emergency: _____

Total medical/dental charges for this emergency? _____

Health Insurance Provider _____ Effective Date _____

Insurance Company's Phone _____ Amt. Paid by Insurance _____

Doctor/Dentist's Name _____ Phone _____

Hospital _____ Phone _____

I certify that the above information is true and accurate to the best of my knowledge.

Student's Signature _____ Date _____