## Indiana Wesleyan University Local High School Endowed Scholarship Application Please type or clearly print the information requested below. You may type responses on a separate piece of paper and include with your application. Please place your name at the top of any additional pages you send with this application.

Name:		<u> </u>		
	Last	First	Middle Initial	
Address:				
	Street	City	State	Zip
Phone #: (		Last 4 digits of Social Security #:		
Are you a 21s	t Century Scholar: (Circle One)	YES NO	High School GPA:	
Have you sub (You must submit th	omitted the FAFSA (Free Ar ne FAFSA to be eligible for endowed scho	oplication for Federal planships. Deadline to submit	al Student Aid)? YES the FAFSA and receive Indiana State A	NO Aid is 3/10/17).
What is your	intended major(s)?			
Please list an	y involvements, awards or i	leadership position.	s held in the areas listed l	below.
High School	(academic and/or extracurric	cular):		
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Church or Co	mmunity:			•
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Please descril	be why you would like to at	tend IWU:		
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Please give a brief description of your career goals:
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Please describe any financial challenges that may prohibit you from attending IWU:
Do you plan to utilize your Federal Direct Loan Eligibility? YES NO
Do you plan to work on campus when you attend Indiana Wesleyan? YES NO
If yes, please describe how you plan to utilize your work funds:
Do you plan to live on campus? YES NO
If yes, are you open to the option of living at home? YES NO
Thank you for completing this application. Scholarship awards may not be determined until March 2017. All applicants will be notified of whether or not they have been selected for a scholarship by May 2017. The Deadline to submit this application is 2/1/2017. Awards will be valued at \$1000 or more per year for students selected to receive an endowed scholarship. Endowed scholarships are not annually renewable.
Student Signature: Date:
I understand that my signature.  I understand that my signature provides permission for the Department of Financial Aid to discuss any information contained on this application with relevant University employees who may have decision-making responsibilities for endowed scholarships (this may include but is not limite to faculty, Student Account Services, The Dean of Student Engagement, Financial Aid, and Enrollment Management). I also understand that completion of this form does not obligate the University to provide additional financial assistance, that scholarship amounts may vary, and that scholarships received are not automatically renewed annually.
Please mail, fax, or email your application to:
Financial Aid Office: High School Endowment Scholarship Indiana Wesleyan University 4201 S Washington St Marion, IN 46953
finaid@indwes.edu / 765-677-2809 FAX