

**Application for Faculty Scholarship
Academic Programs**

For The Semester Academic Year

On Campus Off Campus

I. Student Data (to be filled by the Student):

Name of Student: _____
First Middle Last

Nationality: _____

of Courses to study: _____ Certificate: _____ Total IU's: _____

SCE Structured Programs Arabic Tutor Other

II. If this application is for a Dependant then the following is to be filled by the sponsoring Faculty member:

Name of Faculty: _____
First Middle Last

Department/Unit: _____ Relationship to Student: _____

Faculty Signature: _____ Date: _____

III. If this application is for a Faculty member the following is to be filled by his/her Department/Chair/Administrative Director:

The Course(s) to be taken by the Faculty is (are)

Related to his/her job Not Related to his/her job
 After working hrs During working hrs

Number of hrs/week _____

Authorized Signature: _____ Date: _____

IV. Eligibility for Scholarship (to be filled by the office of the Provost):

Faculty ID #: _____ Account # to be charged: _____

Authorized Signature: _____ Date: _____

V. Financial Data (to be filled by the Student Financial Affairs Office):

The amount of _____ representing the cost of the faculty scholarship is charged to the above account

Authorized Signature: _____ Date: _____