



# CHILDREN OF ALUMNI SCHOLARSHIP APPLICATION

*Sponsored by the Vincennes University Alumni Association*

*(Please type or print)*

Name Birth Date  
 Address Phone Number  
 City State      Zip  
 High School

Career Objective

Have you applied for admission to Vincennes University?

Have you been accepted?

Why did you decide to attend Vincennes University?

Name(s) of Parent or Legal Guardian who attended VU:

Name & Grad Year: Relationship:

Name & Grad Year: Relationship:

Do you have any other relatives who attended Vincennes University?

If "yes," please identify (name and relation):

### High School Record

High School Graduation Date

Academic Major

Academic Minor

Current Grade Point Average Current Class Rank

Number of Seniors in your Class PSAT or SAT Score:V      M

*(continued on other side)*

List the student and community activities you have been involved with including any offices you have held or awards you have received.

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Please explain any financial need or circumstances that affect your ability to afford a college education.

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**Please attach a brief cover letter explaining your goals and/or plans for the future.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to: Children of Alumni Scholarship  
Vincennes University Alumni Association  
1002 North First Street - DC38  
Vincennes, IN 47591

