

KIIS SCHOLARSHIP APPLICATION

Summer Programs

ONLY TYPED APPLICATIONS WILL BE CONSIDERED

COMPLETE APPLICATIONS MUST BE RECEIVED BY THE STUDENT'S KIIS CAMPUS REPRESENTATIVE NO LATER THAN MARCH 1, 2005.

KIIS PROGRAM _____

LAST NAME _____ FIRST NAME _____ MI _____

PRESENT MAILING ADDRESS _____

PRESENT TELEPHONE NUMBER _____

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____

MALE _____ FEMALE _____

PRESENT COLLEGE OR UNIVERSITY _____

GRADE POINT AVERAGE: OVERALL _____ MAJOR _____ PRESENT CLASS _____

MAJOR _____ MINOR _____

LIST FOREIGN LANGUAGE COURSES YOU HAVE HAD OR OTHER FOREIGN LANGUAGE EXPERIENCE.

IT IS MY INTENTION TO RETURN TO _____ IN THE FALL OF 2005.
(COLLEGE OR UNIVERSITY)

STUDENT'S SIGNATURE

DATE

CAMPUS REPRESENTATIVE'S SIGNATURE

DATE