



ISP GLOBAL SCHOLARSHIP APPLICATION

The information on this form will be held in complete confidence and will be used only by the ISP Scholarship Committee for the purpose of allocating ISP Global Scholarships.

PART A. PERSONAL INFORMATION

Name _____
Last First Middle

Current Employer _____

Title/Position _____

Work Address _____

City, State, Zip _____

Home Address _____

City, State, Zip _____

Work phone (include area code) _____ Home phone (include area code) _____

Fax (include area code) _____ Email _____

Please briefly summarize your work accountabilities. In particular, discuss in what ways you are an executive.

PART B. DEPENDENT INFORMATION

Please identify people who are dependent on you for partial or total support of their basic costs of living:

Name	Relationship	Age	Wholly or Partially Dependent
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART C. FINANCIAL INFORMATION

ANNUAL INCOME

A. Current annual total family income, less taxes. \$ _____

B. Other income (identify sources) _____ \$ _____

TOTAL ANNUAL INCOME (add lines A and B) \$ _____

ANNUAL EXPENSES

Housing (mortgage, taxes, insurance, and/or rent) \$ _____

Utilities \$ _____

Transportation \$ _____

Loan payments \$ _____

Insurance \$ _____

Debt repayments \$ _____

Childcare \$ _____

Food, clothing, etc. per family _____ \$ _____

_____ \$ _____

TOTAL ANNUAL EXPENSES \$ _____

FINANCIAL SUPPORT FOR ISP EDUCATION (e.g. government benefits, scholarships, employer financial assistance, etc.) Identify sources: _____ \$ _____

FOR INTERNATIONAL STUDENTS: Please identify the costs of travel for you to attend ISP. \$ _____

I certify that the information contained in this application is true. I understand that misrepresentation of information in connection with my application is cause for cancellation and/or repayment of my scholarship, should any be awarded. I understand that I must report to ISP any relevant changes in this information and that such changes may change my eligibility for scholarship support.

Signature *Date*

**PLEASE ATTACH A ONE-PAGE LETTER EXPLAINING ANY OTHER FACTORS RELEVANT TO YOUR NEED.
SCHOLARSHIP APPLICATIONS RECEIVED AFTER JUNE 10, 2005 CANNOT BE CONSIDERED.**

**Mail application to:
or fax to: 612-625-1071**

***ISP Scholarship Committee
University of Minnesota
2221 University Ave SE, Suite 110
Minneapolis, MN 55414***