



**INDIANA UNIVERSITY  
SOUTH BEND**

## THOMAS SMITH MEMORIAL FUND SCHOLARSHIP APPLICATION

NAME:

EMPLOYEE ID:

DEPARTMENT:

PHONE:

EMAIL:

ACADEMIC MAJOR:

If you are a current student, please indicate your IU South Bend GPA:

If you are a beginning freshman, please indicate your high school GPA:

If you are a transfer student, please indicate your previous college GPA:

In the space below, briefly explain why you are requesting this scholarship and indicate how the award will be of value in helping you reach your educational and career goals:

SIGNATURE:

DATE: