



Your Voice for Essential Tremor

IETF College Scholarship Application

PERSONAL INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Home Phone: _____ Cell Phone: _____
E-mail: _____
Birthdate (MM/DD/YYYY): _____ Sex: M ___ F ___
Social Security #: _____

ACADEMIC INFORMATION:

Current School _____
Is this a High School _____ or College / University _____ ?
School Name: _____
School Address: _____
City: _____ State: _____ Zip: _____ Country: _____
School Phone: _____ School Fax: _____

College / University (the school for which you are applying for a scholarship)

School Name: _____
School Address: _____
City: _____ State: _____ Zip: _____ Country: _____
School Phone: _____ School Fax: _____
Semester for which application is being made (Term and Year): _____

Current GPA: _____

____ (Please initial) I (the applicant) certify that I am NOT an IETF board member, donor contributing \$10,000, or a family member.

EXTRACURRICULAR ACTIVITIES:

Please list your involvement with any organizations, clubs, etc. that demonstrate your leadership skills and / or community service work:



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ESSAY QUESTION

(500 words or less. Use separate sheet if necessary.)

How has having Essential Tremor (ET) affected my life?

Lined area for writing the essay response.

I certify that all information given in this application and supporting documents, is correct to the best of my knowledge. I understand that any false information, omissions or misrepresentations of facts called for in this application may disqualify my application.

(Applicant Name)

(Date)

(Guardian Name, if applicable)

(Date)