

★ Due to Guidance Office Sept. 16!!

WELLS SCHOLARS PROGRAM

STUDENT SCHOLARSHIP FORM

PART I

GENERAL INFORMATION. Please provide the information requested below.

Name: _____ Preferred First Name: _____

Date of Birth (mm/dd/yyyy): _____ Gender: _____

Ethnic Background (optional): _____ E-mail address: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone (area code first): _____ Cell Phone: _____

Anticipated Major(s): _____

High School Name: _____ Principal: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone (area code first): _____

Counselor: _____ Counselor's E-mail: _____

Please list your current grade point average (GPA) and class rank as well as your highest SAT and/or ACT scores.

Note that it is acceptable for both the SAT and the ACT to list scores from tests taken on different dates.

All information below must be verified by your high school counselor with a signature.

Current GPA and scale used (e.g., 4.0 pt., 100 pt., 12.0 pt.): _____ / _____

Is GPA calculation weighted? (Please circle one.): YES NO

Class rank/size: _____ / _____ (Please list class size even if school does not rank.)

(To the Guidance Counselor: If school does not rank, please provide student's class percentile or decile if available.)

SAT Critical Reading: _____ SAT Math: _____ SAT Writing: _____

SAT combined score of highest **SAT Critical Reading AND Math** scores: _____

ACT English: ___ ACT Math: ___ ACT Reading: ___ ACT Science: ___ ACT Writing (2-12): ___

ACT Composite (the average of highest scores in **English, Math, Reading, and Science**): ___

I affirm that the information provided above is correct:

Signature of High School Counselor: _____ Date: _____

PART II

EXTRACURRICULAR ACTIVITIES. Please list only the most significant activities, especially those in which you were involved for more than one year. Indicate if you were a member or an officer, noting the names of office(s) held, in the last four columns. Attach an additional sheet if necessary.

NAME OF ACTIVITY	Freshman	Sophomore	Junior	Senior

EMPLOYMENT.

EMPLOYER	JOB	HOURS/WEEK	DATES OF EMPLOYMENT

HONORS AND AWARDS. Please check year(s) received. Attach an additional sheet if necessary.

NAME OF HONOR/AWARD	FR	SO	JR	SR

PART III

EXTRACURRICULAR STATEMENT. Please tell us about one of your extracurricular activities that you found particularly fulfilling and what made it so; or tell us about what you consider to be your most significant involvement in or contribution to your school or community. (200-300 words)

PART IV

INTEREST STATEMENT. Briefly describe what you would most like to study and what additional interests you would like to pursue at Indiana University, and please tell us why. (200-300 words)