



IETF College Scholarship Application

PERSONAL INFORMATION

First Name _____ Last Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____ Country _____

Email _____

Birthdate (MM/DD/YYYY): _____

Have you submitted an application for an IETF scholarship in the past? Yes _____ No _____

ACADEMIC INFORMATION

Current School _____

Is this a: High School _____ or College/University _____ ?

School Address _____

City _____ State _____ Zip: _____

Country _____ School Phone _____

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

Same as Above _____

School Name _____

School Address _____

City _____ State _____ Zip _____

Country _____ School Phone _____

Semester for which application is being made (Term and Year) _____

Field of Study _____

Unweighted Cumulative GPA _____ (*This must match the GPA on your transcript*)

International Essential Tremor Foundation

PO Box 14005 | Lenexa, Kansas 66285-4005 | 888.387.3667 (toll free) | www.essentialtremor.org

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

EXTRACURRICULAR ACTIVITIES

Please list your involvement (*including dates, if possible*) with any organizations, clubs, etc., that demonstrate your leadership skills and/or community service work.

(Use a separate sheet and save as a pdf if possible).

ESSAY QUESTION

How has having essential tremor affected your life?

(500 words or less. Use a separate sheet of paper and save as a pdf if possible).

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

(Applicant Name)

(Date)

(Guardian Name, if applicable)

(Date)