

John Sarrin Scholarship Renewal Form 2009- 2010 School Year

Name _____ Date _____

Mailing Address _____

Name of Educational Institution _____

This information is asked of all students desiring to renew their John Sarrin scholarships.

Please complete and return by **February 15, 2009** to: Dinah Geiger, Clerk,
John Sarrin Scholarship Committee
2575 S. CR. 1050 E.
Indianapolis, IN 46231
U.S.A.

E-mail address is: dinageiger@att.net

The committee will meet in Spring 2009 to award grants for the year June 2009 to May 2010.

1. A budget of expected expenses for the coming academic year:

Tuition & fees _____ Books _____

Room _____ Transportation _____

Board _____ Other (list) _____

2. How do you expect to meet these expenses?

Scholarship aid from school _____ Work _____

Assistance from other sources (list) _____

3. Amount requested from the John Sarrin Fund _____
(The John Sarrin Fund does not sponsor a student for the total cost)

4. **Give a review of your most recent courses. Send a copy of your most recent grade report/transcript.**

5. Give your present class in school and the year you expect to complete your current studies.

Please list any additional information that the committee should have pertaining to your scholarship grant and your goals following graduation.

Signature _____