



Sibling Scholarship Award Application

2011 – 2012

Name _____ Student ID _____

Address _____

City _____ State _____ ZIP _____

Year in College _____ Expected Graduation Date _____

Full Time _____ Part Time _____

Qualified Sibling's Name _____

Your qualified sibling is: A graduate of LIM College _____ Date of Graduation: _____

A student at LIM College pursuing an undergraduate degree _____

(In order to be eligible for this award, one of the two conditions above must be met)

I certify that the information contained in this application is true and correct.

Student's Signature _____ DATE _____

***Please note:** You must maintain a minimum 2.0 cumulative GPA in order to receive a Sibling Scholarship Award in any given semester.*

OFFICE USE ONLY

SFS Counselor: _____ Date: _____

Amount of award: Fall 2011 _____ / Spring 2012 _____

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