The University of Oklahoma
International Advisory Committee (IAC)
International Student Emergency Relief Scholarship
Information and Instructions for Application

Purpose of Program: The IAC Emergency Relief Scholarship is administered by the International Advisory Committee to provide emergency tuition assistance to international students who have experienced unexpected financial obligations that they are unable to meet with their available financial resources. Amounts awarded typically do not exceed $700 to $1000.

To qualify, applicants MUST meet these criteria:

1. Have a documented financial need arising as a result of unforeseen circumstances, with inadequate financial resources remaining, and
2. Will graduate within three (3) semesters

This scholarship is awarded only once to a qualified individual during his/her academic career at the University of Oklahoma. The Awards Committee will review the applications only when these requirements are met:

- A completed application that reflects tuition needs, living expenses and your personal income. These must be thoroughly reported in order for this part of the application to be considered complete.

- A bank statement that shows detailed financial transactions (i.e., savings, checking, certificate of deposits, etc.).

- A personal letter clearly explaining the circumstance(s) that led to your financial need.

- A letter of recommendation from your academic advisor or major professor marking your academic progress towards your degree.

Important information:

If you do not meet any of the above criteria or cannot meet the requirements, PLEASE DO NOT APPLY! Application deadline is Wednesday, September 15, 2010.

The University of Oklahoma
Registrar and Associate Vice President
Enrollment and Student Financial Services
1000 Asp Avenue, Buchanan Hall 226
Norman, OK 73019-4076 405.325.8481
THE UNIVERSITY OF OKLAHOMA
IAC INTERNATIONAL STUDENT
EMERGENCY RELIEF SCHOLARSHIP APPLICATION

Please print or type neatly.

DATE: ____________________________________________

Student Name: ________________________________________________________________

                                       Last                          First

OU ID #: ____________________

Social Security # (if applicable): __________________________

Local Address: ___________________________________________________

                                        Street                          Apartment/Unit Number

                                                                                          City                State                Zip

E-Mail: ____________________________________________

Phone number: ____________________________

Country of Citizenship: ____________________________

Level of Study: _____ Undergraduate   _____ Masters   _____ Ph.D.

Field of Study: ____________________________________________

First semester at OU: ____________________________________________

Expected date of completion: _____/_____/_____

Are you applying for another degree program?   _____ Yes   _____ No
Financial Status for the Academic Year

NOTE: All totals should include fall, spring and summer semesters

INCOME:
Personal Income (graduate assistantship, job earnings): $__________
Spouse’s Income: $__________
Family Support: $__________
OU Financial Assistance (Scholarships, tuition waivers): $__________
Savings: $__________

TOTAL INCOME: $__________

EXPENSES:
Rent: $__________
Food/Utilities/Transportation/Phone, etc.: $__________
Other: Child care, etc: $__________

TOTAL EXPENSES: $__________

Where have you looked for other sources of funding? If yes, where?

________________________________________________________________________________________________________

Do you have permission to work off campus? ____Yes   ____No

If yes, where are you working? ______________________________________________________

What is the end date of your work permission? ________/_______/_______

Do you have an automobile? ___Yes ___No

If yes, please indicate the: Year _________ Make ________ Model ________

Dependents residing in the U.S. with You

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<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Do you have a spouse?</td>
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<td>Is your spouse also a student?</td>
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<td>Were your spouse=s tuition costs included in your expense estimate?</td>
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How many children are here with you in the U.S. ________________________________
What is your visa classification? _____________________

What is your spouse’s visa classification? _____________________

**Statement of Financial Need:** Please provide, on a separate page, a statement explaining the emergency financial situation that you are in and the effort that you have taken to find relief.

I hereby acknowledge that the information submitted herein and in any supporting materials is true, correct and complete.

________________________________________________   ________________________

Signature of Applicant                                                         Date