SOUTHERN ILLINOIS UNIVERSITY CARBONDALE UNIVERSITY HONORS PROGRAM
Provost Tuition Scholarship Application Form

Name_____ Student I.D. No. _____

Local Address _____

Home (permanent address) _____

Cell Phone No. _____ SIU email address _____

This application is for the following semester: Fall 2026 _____ Spring 2027 _____

Will you be a registered SIUC undergraduate then? YES ☐ NO ☐

- Financial needs will be considered during deliberation.

Please attach: 1) A current resume for all scholarships.

2) For the Tuition Waiver, write a statement of personal, professional and academic goals: 250 words.

Email your application to honors@siu.edu by **5:00 PM** on **September 25th.**

Please fill below:

Academic Major_____ SIUC College _____

Total number of hours completed at SIUC_____ SIUC cumulative GPA _____

CURRENTLY: Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐

Honors Course #	Title	Instructor	Semester taken	Course grade

Prior Scholarship History: _____