



**Application for Saluki Opportunity Scholarship**  
 \$250 scholarship award per semester for graduate study  
 Southern Illinois University Carbondale

Purpose: The purpose of the Saluki Opportunity Scholarship is to provide assistance to Illinois Educators for graduate study.

SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Last First Middle

Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_  
 No. and Street City State Zip

Degree Sought:  Masters  Ph.D.  Non-declared

Name of Program \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

School Name	Job Title	Dates of Employment	Certification number

I hereby declare that I am a full-time certified employee of \_\_\_\_\_  
 School District Name and Number

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
 District Administrator Printed Name and title Signature Date

**DRAFT REGISTRATION COMPLIANCE STATEMENT**

I certify that I am not required to be registered with Selective Service because:

- I am female
- I am in the Armed Services on active duty (note: members of the reserves and the National Guard are not considered to be on active duty.)
- I have not reached my 18<sup>th</sup> birthday.
- I was born before 1960
- I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands.
- I am an international student (applicable only to State of Illinois funded programs).
- I am an incarcerated student.

**OR**  I certify that I am registered with Selective Service.

I declare under penalty of perjury that the foregoing is true and correct. I am fully aware that any intentional falsification of information contained herein may result in the denial of the application or loss of aid currently being received. I realize furthermore that this scholarship will be revoked if I fail to meet the designated requirements of being enrolled in 3 hours of graduate credit during the semester of the award, or if I receive any other type of a tuition scholarship.

As an applicant for a tuition or fee waiver award from Southern Illinois University Carbondale, I understand that the University has the legal authority to release my name and address, the name of my former high school or college, the name of my award, and the award amount. This release is valid for the period of time the tuition waiver is in effect.

For Graduate School use only:  Recommended  Denied Term awarded \_\_\_\_\_

\_\_\_\_\_  
 Associate Dean, Graduate School Date

Return completed application to: Karen M. Jennings, Assistant to the Dean  
 Mail Code 4716  
 Southern Illinois University Carbondale  
 900 S. Normal Avenue  
 Carbondale, Illinois 62901

Deadline Date: FALL SEMESTER – SEPTEMBER 1  
 SPRING SEMESTER – DECEMBER 1  
 SUMMER SEMESTER – MAY 1