



Thomas M. Iden Scholarship • 2010-2011

Office of Financial Aid • University of Michigan • 2500 Student Activities Bldg. • 515 E. Jefferson St. • Ann Arbor, MI 48109-1316
Tel: (734) 763-6600 • Fax: (734) 647-3081 • Email: financial.aid@umich.edu • Web: www.finaid.umich.edu

This scholarship was created in 1933 to honor Dr. Thomas M. Iden and to provide scholarships to worthy students enrolled at the University of Michigan. Dr. Iden was the founder, organizer, and leader of three Upper Room Bible classes in Indiana, Kansas, and Ann Arbor, Michigan. He was a friend, counselor, and provider of spiritual guidance to students.

Application Deadline is February 26, 2010, by 5:00 p.m.

NAME _____ UMID NUMBER _____

PERMANENT ADDRESS _____

EMAIL ADDRESS _____

Eligibility

To be considered for this scholarship, a student must be active in the work of an Ann Arbor area church. Applicants should be of good character, with a reputation for honesty and scholarship. Applicants must be nominated by local area clergy; undergraduate and graduate students are considered.

How to Apply

Attach to this form:

- A letter of recommendation from a member of the local area clergy describing briefly how you meet the eligibility requirements
- A summary of your academic experience (i.e., a transcript – an unofficial transcript is fine)

Deadline

Applications should be received by February 26, 2010, at 5:00 p.m.

Selection

Each year, the University of Michigan's Office of Financial Aid will review the submitted applications and select the student who best meets the scholarship's eligibility criteria.

Notification

Scholarship recipients will be notified by March 31, 2010.

Number/Amount

The amount of the scholarship varies, depending on the annual income from the endowment fund.

Release

I agree to allow my application to be reviewed by those who make the scholarship award decision. I agree to authorize the Office of Financial Aid at the University of Michigan-Ann Arbor to release a profile of my academic and financial status, if requested, to the individuals involved with the scholarship decision.

SIGNATURE _____

DATE _____

Submit

Submit this application to the Scholarship Unit of the University of Michigan's Office of Financial Aid at the address listed above.