

**WESTERN ILLINOIS UNIVERSITY-QUAD CITIES
STUDENT ACTIVITIES TALENT GRANT APPLICATION**

Term _____ Year _____

The purpose of awarding talent grants is to recognize students who provide outstanding leadership and service to the University community. Applicants must be in good academic and judicial standing at Western Illinois University-Quad Cities (WIU-QC).

Student's Name _____ I.D. #: _____

Year in School: _____ Major: _____

Local Telephone Number: _____ E-Mail: _____

Address: _____

Leadership positions you will hold for the term of the talent grant:

	<u>Name of Student Organization</u>	<u>Position</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please describe your leadership responsibilities in these positions:

1. Are you receiving any additional financial scholarships or grants? _____
If yes, please circle the type: SEOG, College Work Study Stafford Loan, Perkins Loan. *We strongly recommend that you visit the Financial Aid Office to apply for ISAC MAP, PELL, and the many other grants available to WIU-QC students. The Scholarship Office in Sherman Hall may also provide assistance.*
2. I certify that I am in compliance with the Federal Selective Service registration requirements.
3. To be eligible for talent grant, enrollment status must be full-time(12 semester hours -Undergraduate or 9 semester hours – Graduate) and be assessed student fees.
4. In signing, I agree to perform the responsibilities as described above as well as any assigned to me. I certify that I will not miss more than 3 meetings for those organizations meeting bi-monthly or 2 meetings for those meeting monthly within one semester. Failure to comply could result in the reduction in talent grant and/or termination of position.

Applicant's Signature

Adviser's Signature

NAME (Please Print)

WESTERN ID NUMBER

STATEMENT OF REGISTRATION STATUS

Check One:

_____ I certify that I am registered with Selective Service.
_____ I certify that I am not required to be registered with Selective Service because
(check one)

- _____ I am a female.
- _____ I am in the armed services on active duty. (NOTE: Members of the Reserves and National Guard are not considered on active duty).
- _____ I have not reached my 18th birthday.
My date of birth is: _____
- _____ I was born before 1960.
- _____ I am a permanent resident of the Trust Territory of the Northern Marianna Islands.
- _____ I am a nonresident, nonimmigrant alien.

Your Signature

Date

Street Address

City State Zip Code

NOTICE: You will not receive Title IV financial aid or financial aid funded in whole or in part by this state unless you complete this statement and, if required, give proof that you are registered.

**PLEASE RETURN THIS APPLICATION TO THE
OFFICE OF STUDENT SERVICES /STUDENT ACTIVITIES**

