

INFORMATION SHEET
ASSOCIATED STUDENTS SCHOLARSHIP FOR STUDY ABROAD
SUMMER, 2009

Name:

SMC Student Identification Number:

Address:

Phone number(s):

Email address: (If printing, please print clearly)

Number of semesters at SMC including spring 2009:

Planned transfer or completion date:

Name of professor submitting a recommendation for you:

Clubs or activities that you have been involved in: