



## FALCON Spring Semester Scholarship Application

PLEASE READ these notices before you proceed with the Semester Scholarship application.

- This scholarship is intended to support the *spring semester* of study in the FALCON Program.
- Preference will be given to those who demonstrate a record of excellent language-learning ability and have a good overall academic record.
- Students already matriculated in a degree program at Cornell may be given preferential consideration.
- Receiving this scholarship may have an impact on other financial aid. Consult your financial aid office for further information.
- If your application does not already require you to submit two letters of recommendation and a copy of your academic transcripts, you must submit these with this form to apply.

### FALCON PROGRAM

Language	Desired Course Sequence (select <i>one</i> )	
<input type="checkbox"/> Chinese	<input type="checkbox"/> Full Year (Summer 1160 + Fall 2260 + Spring 3360)	<input type="checkbox"/> Academic Year (Fall 2260 + Spring 3360. Requires placement interview.)
<input type="checkbox"/> Japanese		

### PERSONAL DATA

Last name	First name	Middle initial
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Primary e-mail: _____@_____	Current telephone: ( ) _____ - _____
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Are you currently a Cornell University student?

No     No, but I am applying to Cornell for 2010–2011 admission to:

a graduate/professional program in \_\_\_\_\_     an undergraduate program in \_\_\_\_\_

Yes, I am     a graduate/professional student in \_\_\_\_\_     an undergraduate student in \_\_\_\_\_

Cornell ID: \_\_\_\_\_

Are you applying for other financial aid from Cornell?     Yes     No                      Are you applying for financial aid from other institutions?     Yes     No

Please provide contact information for any office(s) responsible for coordinating your financial aid.

<p>Organization: _____</p> <p>Contact person (if known): _____</p> <p>Phone: ( ) _____ - _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>	<p>Organization: _____</p> <p>Contact person (if known): _____</p> <p>Phone: ( ) _____ - _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p>
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*I certify that the information contained in this application and supporting documents is complete and accurate, and I understand that submission of inaccurate information may be sufficient cause for denial of award and/or admission or termination of enrollment.*

Signature of applicant: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_