



Southern™  
Illinois University  
Carbondale

## Inga Sollberger Grant

Sponsored by the International Friends Club-Carbondale



The Inga Sollberger Grant is a monetary award given each academic year in total or in portions thereof by the International Friends Club (IFC) and at the discretion of the IFC Board to assist a needy international student, dependent spouse or child with catastrophic medical/dental bills. The total available annually for this award is \$1000 (fluctuations in this amount will be determined by the board).

**Students may apply at any time during the year.** The board will review all applications to determine how the funds should be allocated. The awardee(s) will then be selected and all applicants will be informed of the board's decision in a timely fashion. Applications should be sent to:

Community Programs Coordinator  
International Students and Scholars  
SIUC, Carbondale, IL 62901-6514

Copies of unpaid bills from the healthcare provider(s), explanations of benefits from the insurance company, and proof of payments already made should be attached to the application. Applications with bills will be carefully reviewed and, if approved, forwarded to the SIU Foundation for payment up to the assigned limit. All payments are made directly to healthcare providers only. If healthcare charges have been applied to the student's Bursar account, payment will be made to the Bursar. The actual amount awarded may be divided among several healthcare providers when necessary and will not exceed the student's financial liability.

### Eligibility Guidelines

- SIUC international students or their immediate family members with unexpected catastrophic medical or dental bills **are** eligible.
- The grant is available only to international students; U.S. citizens and permanent residents are **not** eligible. Residency will be verified.
- The applicant must be enrolled and in good standing as a full time student at SIUC.
- The recipient may not be a CESL student.
- A pregnancy that leads to an emergency **would** qualify for consideration.
- Individuals who did not secure health insurance for themselves or their family upon arrival in the United States are excluded. If an international woman is pregnant upon arrival and therefore not covered by health insurance, she will be eligible.



## Inga Sollberger Grant Application

**IMPORTANT:** Type or print legibly. Answer all questions as completely as possible and include all attached pages. Incomplete applications will not be considered. Attach extra sheets as needed for space and return application to ISS.

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you enrolled full time at SIUC? \_\_\_\_\_ Student I.D. # \_\_\_\_\_

Married? \_\_\_\_\_ Yes \_\_\_\_\_ No / Children? \_\_\_\_\_ Yes \_\_\_\_\_ No /How many? \_\_\_\_\_

Is your family living in Carbondale while you go to school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you solely responsible for your family's financial needs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you applying for yourself? \_\_\_\_\_ A family member? \_\_\_\_\_ Relationship?  
\_\_\_\_\_

Are you employed? \_\_\_\_\_ Yes \_\_\_\_\_ No Are you a sponsored student? \_\_\_\_\_ Yes \_\_\_\_\_ No

Family member's full name:  
\_\_\_\_\_

Special circumstances about your case: \_\_\_\_\_  
\_\_\_\_\_

Describe the medical emergency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total medical/dental charges for this emergency? \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Effective Date \_\_\_\_\_

Insurance Company's Phone \_\_\_\_\_ Amt. Paid by \_\_\_\_\_

Insurance \_\_\_\_\_

Doctor/Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_

I certify that the above information is true and accurate to the best of my knowledge.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_