



Academic & Cultural Sharing Scholarship Cultural Activities Form

Current Term: Fall Spring Year: 20____
Deadline: **Dec 15; May 1** by 4:00 pm

Last Name: _____ First Name _____
SCSU ID #: _____

Please check the two activities in which you participated for the above semester and include the details requested. Each activity may only be counted once, no matter how many times you participated in that activity.

- | | |
|---|--|
| <input type="checkbox"/> Annual Earth Day Run Volunteers | <input type="checkbox"/> Lemonade Fair |
| <input type="checkbox"/> Appointed Position in a Student Org. | <input type="checkbox"/> Main street |
| <input type="checkbox"/> CIS event request | <input type="checkbox"/> New Years Eve Family Fun Fest at SCSU |
| <input type="checkbox"/> Cultural Café | <input type="checkbox"/> On-campus employment |
| <input type="checkbox"/> Cultural Kitchen | <input type="checkbox"/> Orientation Leader (Student Life Development) |
| <input type="checkbox"/> Cultural Night | <input type="checkbox"/> Participation in Residence Hall events |
| <input type="checkbox"/> Formal Assistance with Recruitment (Grad/UG) | <input type="checkbox"/> Participation on a University-wide committee |
| <input type="checkbox"/> GA/TA (Awarded through Grad Studies) | <input type="checkbox"/> Passport to the World |
| <input type="checkbox"/> Grether Central MN Science Fair Judges | <input type="checkbox"/> Presentation to School/Community Groups |
| <input type="checkbox"/> Holidays with Local Families | <input type="checkbox"/> SCSU Classroom Cultural Presentation- |
| <input type="checkbox"/> Husky Hauler | <input type="checkbox"/> SCSU Math Contest Proctor |
| <input type="checkbox"/> International Friendship Program- | <input type="checkbox"/> Study Abroad Fair Volunteers |
| <input type="checkbox"/> International Spring Festival | <input type="checkbox"/> UPB event |
| <input type="checkbox"/> Involvement in Service Organizations: | <input type="checkbox"/> Volunteering as a Translator |
| <input type="checkbox"/> KIDSTOP | <input type="checkbox"/> Volunteering Connection |
| <input type="checkbox"/> Language Tutoring | <input type="checkbox"/> World of Poetry |

Event I: _____

Event II: _____

Contact Name: _____

Contact Name: _____

Contact Phone Number: _____

Contact Phone Number: _____

Date of event: _____

Date of event: _____

Details: _____

Details: _____

The above listing is a documentation of my Activities for this semester. I understand that falsification of any part of this document may result in the loss of my scholarship and referral to Student Life and Development as a violation of the Student Code of Conduct.

Student's Signature: _____

Date: _____

This form MAY be submitted as soon as your activities have been completed.

Date received in CIS Office: _____

CIS Staff Initials & Date: _____

Verified: _____