



CLIFFS NATURAL RESOURCES INC.

And Associated Companies

Scholarship

F • U • N • D

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CLIFFS NATURAL RESOURCES INC.
AND ASSOCIATED COMPANIES
SCHOLARSHIP FUND

The Scholarship Fund Program

Cliffs has always placed a strong emphasis on education. The Scholarship Fund provides direct college support of \$1,000 non-renewable scholarships to children of employees. The number of scholarship awards will depend upon business conditions.

Eligibility

Children of employees of Cliffs Natural Resources Inc. and Associated Companies who are graduating high school seniors with a minimum cumulative grade point average of 3.0 and plan to enroll in college by the next fall term are eligible, provided their parent (or legal guardian) is a full time employee of the Company. Also eligible are children of laid-off (subject to recall), disabled and deceased employees.

How to Apply

The Scholarship Fund application should be completed by the student applicant and returned to the attention of the Scholarship Fund Coordinator at the local mine site. The student's official transcript must include grades nine through first semester senior year and must be received directly from the school in order to complete the student's application. If the student is not listed as a dependent on the parent's insurance who is employed by Cliffs, then supporting documentation must be submitted as proof of relationship, e.g. birth certificate, adoption or legal guardianship papers, etc. All materials must be received by March 15, 2009 in order to be eligible for the selection process.

Scholarships will be awarded on a lottery basis and applicants will be notified in writing.

CLIFFS NATURAL RESOURCES INC. And Associated Companies Scholarship Fund Application

Personal Data Scholarship application must be completed by the applicant. Please print or type all information.

1. Student name	Last	First	M.I.	2. Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female

3. Home address	City	State	Zip Code
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4. Date of Birth	Month	Day	Year	5. Home telephone
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6. High school name and address	7. High school telephone
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8. First and last names of each parent (or guardian)

9. Name of parent (or guardian) who is employed (or was last employed) by Cliffs or Associated Company

Relationship to student	Employee I.D. (Social Security No. or Social Insurance Number acceptable)
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10. Home address of this parent	11. Telephone number where this parent can be reached
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12. This parent is currently:	13. Is applicant a dependent on the parent's insurance employed with Cliffs? If no, attach supporting documentation.
<input type="checkbox"/> Employed <input type="checkbox"/> Disabled <input type="checkbox"/> Deceased	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Employed (or last employed) at what Cliffs location or managed operation? Department and job title

15. Employee's service date	Month	Day	Year	Total years of service

16. What college or university do you plan to attend?

What course of study do you plan to pursue?

17. Certification

I certify that all information contained in the foregoing application is accurate.

Signature of applicant _____ Date _____

For use by local site Scholarship Coordinator:	This application reviewed by:
<input type="checkbox"/> High School Senior <input type="checkbox"/> Official Transcript Received <input type="checkbox"/> Meets Minimum GPA <input type="checkbox"/> Application Complete	_____ Name of site Scholarship Coordinator

