

Scholarship Application *Cape West Rotary Club and Southeast Missouri State University Working Student Scholarships*

Name of Corporate Sponsor _____

Semester applying for scholarship : Fall 2008 _____ Spring 2009 _____

Name of Applicant _____ **Student ID: S0** _____

Local Address _____ **Phone #** _____

Home Address _____
(Street) (City) (State) (Zip)

I am a graduate/undergraduate/transfer student. (Circle One)

Degree and Major you are pursuing _____
(Degree) (Major)

Hours completed _____ **as of** _____. **Hours presently enrolled in** _____

University Grade Point Average _____

University activities and honors _____

Schools previously attended (High School, College, or Univ.)	Address	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name	Address	Occupation	Previous Yr's Income
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Self _____

Father _____

Mother _____

Guardian or Spouse _____

How many people are dependent on the above income (s)? _____

Will there be a significant change in any of the above income (s)? _____

Explain _____

Office Use Only:

Budget _____ **EFC** _____ **Need** _____

Scholarships _____

Grants _____

Other information: Describe below any other pertinent information concerning the financial assets and obligations of your family that would be helpful in assessing your financial need for the scholarship requested.

What year; make and model of vehicle do you drive? _____

Are you currently working? _____ **Hours per week?** _____ **Earned per week \$** _____

Where do you work? _____

Name of Supervisor _____ **Phone #** _____

Please list below any type of financial aid you will be receiving for the semester you are applying this scholarship .

Pell Grant: _____

List Any Other Financial Aid:

AFDC: _____

Veteran's Benefits: _____

Scholarships: _____

Provide a brief description of any special circumstances you feel should be considered by the scholarship committee reviewing your application.

By signing this application, I certify that the information provided is correct. I give Student Financial Services at Southeast Missouri State University permission to forward my completed application and the results of my Free Application for Federal Student Aid (FAFSA) to the necessary scholarship committees for review and to verify my grades, hours completed, and enrollment status.

Signature of Applicant _____ **Date:** _____

Please return this application to Cheryl Gelsheimer, Financial Aid Program Specialist, Southeast MO State University, One University Plaza, MS 3740, Cape Girardeau, Mo. 63701. To be considered this scholarship application must be received no later than July 25, 2008 for fall 2008 and October 1, 2008 to be considered for Spring 2009