

G.E.D. Scholarship Application

Please attach a copy of your official G.E.D. score report to this application.

I. Personal Information

Today's Date: _____

Name: _____

Social Security Number: _____ Home Telephone Number: _____

Home Address: _____

II. Educational Information

I have **applied/ been accepted** for admission to Southeast Missouri State University.

Circle one

The place of my Adult Basic Education Program was: _____

My combined standard G.E.D. score is: _____

My vocational objectives are: _____

III. Prior Educational Training

List any prior educational training that you have received after you received your G.E.D.

IV. Certification

By signing this application, I certify that the information provided is correct. I also give Student Financial Services at Southeast Missouri State University permission to forward my completed application to the scholarship committee.

Student Signature: _____ Date: _____

Return this scholarship application and requested documentation to: *Student Financial Services, Southeast Missouri State University, One University Plaza, MS 3740, Cape Girardeau, MO 63701*

Scholarship Application Deadline is July 15th for Fall Semester.
Scholarship Application Deadline is December 1st for Spring Semester.