

Emerson Congressional Scholarship

The late Congressman Bill Emerson used his salary increase for 1987-1988 and a portion of his speaking engagement honoraria to endow the Emerson Congressional Scholarship Fund for needy college students.

Any student who will be attending Southeast Missouri State University is eligible to apply.

Applicants must meet the following criteria:

- Reside in the Eighth District (permanent home residence).
- Be a full-time undergraduate student.
- Have completed at least one semester of college level work and have achieved at least a 2.5 cumulative grade point average in college.
- Have education-related financial need in excess of Pell Grant assistance.

Leadership, service, and co-curricular activities may play a significant role in determining the recipient of this award.

Completed scholarship application should be submitted to:

Emerson Congressional Scholarship Committee
c/o Southeast Missouri State University
Student Financial Services – Mail Stop 3740
One University Plaza
Cape Girardeau, MO 63701

Scholarship Application Deadline is March 1st.

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A. General Information

Name _____ Social Security Number _____ Date of Birth _____
Last First Middle Initial

Permanent Address _____
Street City State Zip

Home Telephone () _____ County _____
(Based on permanent address)

Local Address _____
Street City State Zip

Local Telephone () _____ County _____
(Based on local address)

Name of University/College previously attended _____

Number of College Hours completed _____ As Of _____ University Grade Point Average _____
(Month/Day/Year)

***** ATTACH A COPY OF YOUR ACADEMIC TRANSCRIPT *****

B. High School/College Activities / Honors / Awards

List the most important leadership, service, and co-curricular activities which you have participated in.

C. Financial Information

Name	Address	Occupation	Previous Years Income
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Father/Guardian _____

Mother/Guardian _____

Spouse _____

Self _____

How many people are dependent on the above income? _____

Will there be any changes in the above incomes? _____ Explain: _____

Are you currently working? _____ Hours per week: _____ Earnings per week: \$ _____

D. 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 and the results of my Free Application for Federal Student Aid (FAFSA) to the necessary scholarship committees for review.

Student Signature _____ Date _____

OFFICE USE ONLY: Scholarship _____	Min. Requirements Met	Y	N
Budget _____	Amount of Award _____		
Grants _____	GPA: Cum _____		
EFC _____	Scholarships _____	Hours: Cum _____	Semo _____
Need _____	Workstudy _____	Semo _____	Tran _____
		Tran _____	Tran _____

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