



Scholarship Application

I. Personal Information

Today's Date: _____

Name: _____ Social Security Number: _____
Last First MI

Local Address: _____
Street City State Zip

Home Address: _____
Street City State Zip

Local Phone Number: _____ Home Phone Number: _____

II. Educational Experience

Name of College	Address	Years Attended
_____	_____	_____
_____	_____	_____

Junior, Returning for Senior Year: Yes No Accounting Major: Yes No
Cumulative GPA: _____ GPA for Accounting Courses: _____ Hours Completed: _____ as of _____

III. Honors, Awards, and Extracurricular Activities

List the honors and awards you have received (including college scholarships and fellowships).

- _____
- _____
- _____
- _____
- _____
- _____

List the most important extracurricular activities you have participated in and indicate any offices held.

- _____
- _____
- _____
- _____
- _____

IV. Income Information and Personal Resources

Employment Experience

Employer	Position	Dates of Employment	Hours/Week
_____	_____	_____	_____
_____	_____	_____	_____

Family Income	Name	Occupation	Previous Years Income
_____	_____	_____	_____
_____	_____	_____	_____

How many people are dependent on the above income? _____

Please give any other information you believe should be considered in the evaluation of your application:

V. Personal Statement

Attach a signed statement indicating why you need a scholarship.

VI. 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 and a copy of my college record to the scholarship committee for review.

Student Signature _____ Date _____

**Scholarship Application Deadline is Feb 3rd for Educational Foundation.
Scholarship Application Deadline is Oct 15th for Southeast Chapter.**