

# Sigma Nu Scholarship Application

## I. Personal Information

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Local Phone Number: \_\_\_\_\_  
Last First MI

Local Address: \_\_\_\_\_  
Street City State Zip

Home Address: \_\_\_\_\_  
Street City State Zip

## II. Educational Experience

Name of High School and College	Address	Years Attended
_____	_____	_____
_____	_____	_____

College Major: \_\_\_\_\_ Hours Completed: \_\_\_\_\_ as of \_\_\_\_\_  
College Degree: \_\_\_\_\_ High School GPA: \_\_\_\_\_

## III. Honors, Awards, and Extracurricular Activities

List your most important honors, awards, and extracurricular activities that exemplify your commitment to truth, honor, and love and indicate any offices held.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## IV. Family Income Information and Personal Resources

Name	Address	Occupation	Previous Years Income
Father/Guardian _____	_____	_____	_____
Mother/Guardian _____	_____	_____	_____
Spouse _____	_____	_____	_____
Self _____	_____	_____	_____

How many people are dependent on the above income? \_\_\_\_\_

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

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

Describe 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: \_\_\_\_\_

## V. Financial Aid

Are you currently receiving financial aid through the University or any other source? \_\_\_\_\_  
If yes, list the aid which you are receiving, the amount, and the award period.

Pell Grant \_\_\_\_\_ Veteran's Benefits \_\_\_\_\_

AFDC/TANF \_\_\_\_\_ Other Scholarships \_\_\_\_\_

## 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 to the scholarship committee for review.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Scholarship Application Deadline is March 1<sup>st</sup>.**