



Southeast Missouri State University – Sikeston
Scholarship Application: *Deadline May 18, 2009*

Check in the main office for scholarships available.
Students enrolled in SE-Sikeston courses may apply.

General Information (Please Print)

I am applying for Academic year _____. Today's date _____

Name _____ SSN / Student ID _____
Last First MI

Legal Permanent Address _____
Street City State Zip

County _____
(Based on Permanent Address)

Home Telephone (____) _____ Birth Date _____

Date of High School Graduation/GED _____ College Major _____

Check one: Traditional Student Non-Traditional Student
If Non-Traditional, check all applicable:
 Over 25 Divorced Widowed Married & under 25 Veteran
 Have been away from school over a year
 Dependents # of Dependents _____ # in College _____

Previous Colleges Attended: _____

Dates Attended _____
 I received credit from this college through high school courses.

Will you receive Financial Aid _____ Pell\$ _____ Scholarships \$ _____

Household: No. ____ No. over 18 ____ No. working ____ No. attending college ____

Total combined net income 2008 \$ _____

By signing this application, I certify that the information provided is correct and I understand that scholarships, in combination with other merit, athletic, performance, or need based scholarships cannot exceed my incidental and general fee charges. I also give Student Financial Services at Southeast Missouri State University permission to provide financial assistance information to the committee selecting recipients.

An OFFICIAL COPY of your transcript(s) must be submitted with this application OR (Check Here) _____ I give my permission to the scholarship committee to request or research my transcript(s) to determine my overall grade point average.

Student Signature _____ Date _____

