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.
Emerson Congressional Scholarship

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

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   Grants   EFC  Scholarships   Hours: Cum Hours: Tran   GPA: Cum   GPA: Tran

Need   Workstudy   Tran   Tran

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