



Mississippi College

**UNDERGRADUATE DEPENDENT**

**APPLICATION FOR UNDERGRADUATE TUITION SCHOLARSHIP FOR DEPENDENT CHILDREN AND SPOUSES OF FULL-TIME FACULTY AND STAFF MEMBERS**

To: Office of Financial Aid

Application for Faculty/Staff Children/Spouse Tuition Scholarship for the:  
(Please complete a form for each eligible family member. )

Student \_\_\_\_\_ Student SSN \_\_\_\_\_

Student Date of Birth \_\_\_\_\_

\_\_\_\_ Fall Semester 20\_\_\_\_ \_\_\_\_ Spring Semester 20\_\_\_\_

\_\_\_\_ 10 Week Summer 20\_\_\_\_ \_\_\_\_ Summer I 20\_\_\_\_ \_\_\_\_ Summer II 20\_\_\_\_

Signed: \_\_\_\_\_  
(Employed Parent or Spouse)

This form **MUST** be filed with the **Office of Financial Aid** at least **one week prior** to the beginning of a semester or summer term. Students must maintain a **grade point average of at least 2.0** for the scholarship to be continued. Students not enrolled in a degree program are eligible **only for 1/2 tuition scholarship.**

**DO NOT WRITE IN THESE SPACES**

Grade Point Average \_\_\_\_\_ Total MC Hours \_\_\_\_\_

Classification \_\_\_\_\_ Major \_\_\_\_\_

Verification of Employment w/ Personnel \_\_\_\_\_