



John and Fredna Mahaffey Operation Promise Scholarship Program Missouri State University

All application materials must be received in the Office of Student Financial Aid, Carrington Hall 101, by **May 1** for consideration. Please refer to www.missouristate.edu/financialaid for more information.

Student Information

1) Name: _____
First Middle Last

2) Social Security Number: _____ Date of Birth: _____
(Month, Date, Year)

3) Address: _____
Street

_____ *()*
City State Zip Phone

Scholarship Requirements

- 1) Include with your submission of this application documentation verifying that you have a physical disability caused by a service-connected injury since September 11, 2001.
- 2) To receive priority consideration, submit your application and all required documentation by **May 1**.

Signature

Date

RETURN TO: Assistant Director, Scholarships
Office of Student Financial Aid
Missouri State University
901 South National Avenue
Springfield, MO 65897

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