



# Jim Ferguson African-American Scholarship Application Missouri State University

Complete this form and return to the Office of Student Financial Aid, Carrington Hall 101,  
by **MARCH 31**. Please refer to [www.missouristate.edu/financialaid](http://www.missouristate.edu/financialaid) for more information.

1. Name \_\_\_\_\_  
*First Middle Last*

2. Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Female  Male   
*(Month, Date, Year)*

3. Home Address \_\_\_\_\_  
*Street*

\_\_\_\_\_ *( )*

*City State Zip Code Phone*

4. High School \_\_\_\_\_

5. Anticipated Major \_\_\_\_\_

Career Goal \_\_\_\_\_

6. School and Community Activities: List organizations to which you belong, any offices held and appropriate dates. You may attach a separate page for additional activities.

ORGANIZATION

OFFICES HELD  
(Dates in Office)

DATES OF MEMBERSHIP

a. _____	_____ ( )	<i>from</i> _____ <i>/to</i> _____
b. _____	_____ ( )	<i>from</i> _____ <i>/to</i> _____
c. _____	_____ ( )	<i>from</i> _____ <i>/to</i> _____
d. _____	_____ ( )	<i>from</i> _____ <i>/to</i> _____
e. _____	_____ ( )	<i>from</i> _____ <i>/to</i> _____
f. _____	_____ ( )	<i>from</i> _____ <i>/to</i> _____
g. _____	_____ ( )	<i>from</i> _____ <i>/to</i> _____
h. _____	_____ ( )	<i>from</i> _____ <i>/to</i> _____

(OVER)

7. Special Recognition/Achievements: List awards and honors you have received, the name of the organization giving each award and appropriate dates. You may attach a separate page if needed.

AWARD OR HONOR	ORGANIZATION	DATE OF AWARD
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____
f. _____	_____	_____

8. You must compose and attach a typewritten, double-spaced essay (not to exceed two pages) which describes your leadership experience, academic goals and career plans.

9. You must attach a letter of recommendation from your high school counselor.

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I consent to the release of the above information provided as well as the results of my FAFSA for the purpose of evaluation by the Missouri State Scholarship Committee or their appointed representatives.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN TO: Scholarship Coordinator  
Office of Student Financial Aid  
Missouri State University  
901 South National Avenue  
Springfield, Missouri 65897

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