



# Mighty Mites 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 \_\_\_\_\_ Birth Date \_\_\_\_\_ Female  Male   
*(Month, Day, Year)*

3) Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *( )*  
*City State Zip Phone*

4) Are you a transfer student? **Yes**  **No**  If yes, please specify other colleges, dates of attendance and credit hours earned.

College	Dates Attended	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5) What is your major course of study? \_\_\_\_\_

6) How many hours of credit will you have completed prior to the fall semester?

*Transfer credit hours* \_\_\_\_\_ *Missouri State credit hours* \_\_\_\_\_ *Total* \_\_\_\_\_ *Current GPA* \_\_\_\_\_

7) When do you expect to graduate from Missouri State? *Fall*  *Spring*  *Summer*  *Year* \_\_\_\_\_

8) 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 Name	Offices Held (Dates in Office)	Dates of Membership
a. _____	_____ ( ) _____	_____
b. _____	_____ ( ) _____	_____
c. _____	_____ ( ) _____	_____
d. _____	_____ ( ) _____	_____
e. _____	_____ ( ) _____	_____
f. _____	_____ ( ) _____	_____

(OVER)

