

Senior Degree Completion Grant (SDCG) Application

The Senior Degree Completion Grant (SDCG) is a one-time grant designed to assist students who are approaching graduation but whose circumstances have resulted in an outstanding balance with the University that prevents them from registering for a future semester and/or graduating. In order to qualify, applicants must be in good academic standing as a degree-seeking student and have exhausted their financial aid capacity. Applications will be reviewed on a case-by-case basis. See the SDCG policy in full at http://www.missouristate.edu/policy/Op5_08_21-senior-degree-completion-grant.htm

A. Student Information

Name: (Last) _____ (First) _____ (MI) _____ BearPass # _____

Current Address: (Street) _____ (City) _____ (State) _____ (Zip) _____ Phone _____

Email Address _____ Major _____ Anticipated Graduation Date _____

\$ _____
Scholarship Funding Requested (Dollar Amount) _____ Term of Request (Fall, Spring, Summer) and year _____

Student's Signature _____ Date _____

B. Reason for Funding Request

Please submit the following pieces of documentation with the SDCG application:

- A typed summary explaining your current academic status and the basis for your financial need (what are the circumstances for which the grant funding is necessary?)
- A completed copy of the student's academic plan, signed by their academic advisor.
- Any additional documentation you believe helps demonstrate the exceptional circumstances justifying your need for SDCG funding.

Please submit the completed application form and all supporting documents to the Office of Student Financial Aid in Carrington Hall, Room 101. Applications may also be faxed to (417)836-8392. All requests will be reviewed by the SDCG Review Committee, which will be composed of no fewer than three staff members appointed by the Vice President for Student Affairs and the Assistant Vice President for Multicultural Services. This committee is responsible for reviewing grant applications and supporting documentation and making final eligibility and funding decisions. Students must allow up to four weeks for their applications to be processed and reviewed by the Committee. The decision of the Committee is final and cannot be appealed.

For Office Use Only:

Reviewed by: _____ Date: _____ Decision: _____

Second Review by: _____ Date: _____ Decision: _____

SENIOR DEGREE COMPLETION GRANT: ACADEMIC PLAN

Name: _____

Bear Pass Number: _____

Program of Study: _____

Department: _____

Anticipated Completion Date: _____

With the assistance of your degree audit, develop an academic plan semester by semester using this form. You will need to include each semester you plan to attend as well as an anticipated completion date. Your advisor will need to review and sign your completed academic plan.

TERM: _____

COURSE NAME/NUMBER HOURS

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

TERM: _____

COURSE NAME/NUMBER HOURS

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

TERM: _____

COURSE NAME/NUMBER HOURS

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

TERM: _____

COURSE NAME /NUMBER HOURS

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

TERM: _____

COURSE NAME/NUMBER HOURS

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

TERM: _____

COURSE NAME/NUMBER HOURS

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

Advisor's Printed Name _____ Advisor's Signature _____ Date _____

Advisor's Comments:
