



Student Government Association Leadership Scholarship Application Missouri State University

Complete this form and return to the Office of Student Financial Aid, Carrington Hall 101, by **MAY 1**.

1) Name _____
First Middle Last

2) BearPass Number _____ Birth Date _____ Female Male
(Month, Date, 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* _____ *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)

9) Special Recognition / Achievements: List awards and honors you have received. _____

10) Describe your academic goals and career plans. _____

10) Describe your involvement with the Missouri State Public Affairs Mission. _____

I consent to the release of the information provided for the purpose of evaluation by the Missouri State Scholarship Committee or their appointed representatives.

Signature: _____ Date: _____

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

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