

DEGREE COMPLETION ASSISTANCE FUND (DCAF) APPLICATION

The Missouri State University Degree Completion Assistance Fund (DCAF) is a one-time grant to assist undergraduate or graduate students who are experiencing circumstances resulting in an outstanding balance with the university that prevents them from either continuing their enrollment, registering for a future semester, or graduating from MSU. 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 DCAF policy in full at

<https://www.missouristate.edu/policy/Op5-08-23-degree-completion-assistance-fund.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 DCAF application:

- A typed summary explaining the exceptional circumstance(s) constituting the basis for your financial need
- Documentation of the exceptional circumstance(s) justifying your need for DCAF funding
- A completed copy of the student's academic plan, signed by their academic advisor

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 DCAF Review Committee as quickly as possible. The DCAF Review Committee is responsible for reviewing all grant applications/supporting documentation and for making final eligibility and funding decisions. Students must allow up to four weeks for their applications to be processed and reviewed by the committee.

For Office Use Only:

Reviewed by: _____ Date: _____ Decision: _____ Amount: _____

2nd Review by: _____ Date: _____ Decision: _____ Amount: _____

DEGREE COMPLETION ASSISTANCE FUND: 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) _____	_____
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4) _____	_____
5) _____	_____
6) _____	_____

TERM: _____

COURSE NAME /NUMBER	HOURS
1) _____	_____
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TERM: _____

COURSE NAME/NUMBER	HOURS
1) _____	_____
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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:
