

Jackson Evening Optimist Club Scholarship Application

I. Personal Information

Name: _____ Social Security Number: _____
Local Phone Number: _____
Last First MI

Local Address: _____
Street City State Zip

Home Address: _____
Street City State Zip

II. Educational Experience

Name of High School and College	Address	Years Attended
_____	_____	_____
_____	_____	_____

Check One: Graduate Student Undergraduate Student Transfer Student GPA: _____

College Major: _____ Hours Completed: _____ as of _____

College Degree: _____ Hours Presently Enrolled In: _____

III. Honors, Awards, and Extracurricular Activities

List your most important honors, awards, and extracurricular activities and indicate any offices held.

- _____
- _____
- _____
- _____
- _____
- _____

IV. Family Income Information and Personal Resources

Name	Address	Occupation	Previous Years Income
Father/Guardian _____	_____	_____	_____
Mother/Guardian _____	_____	_____	_____
Spouse _____	_____	_____	_____
Self _____	_____	_____	_____

How many people are dependent on the above income? _____

Will there be any changes in the above incomes? _____ Explain: _____

Are you currently working? _____ Hours per week: _____ Earnings per week: \$ _____

Place of Employment: _____ Phone #: _____ Supervisor: _____

Describe any other pertinent information concerning the financial assets and obligations of your family that would be helpful in assessing your financial need for the scholarship requested: _____

V. Financial Aid

Are you currently receiving financial aid through the University or any other source? _____

If yes, list the aid which you are receiving, the amount, and the award period.

Pell Grant _____ Veteran's Benefits _____

AFDC/TANF _____ Other Scholarships _____

VI. Certification

By signing this application, I certify that the information provided is correct. I also give Student Financial Services at Southeast Missouri State University permission to forward my completed application and the results of my Free Application for Federal Student Aid (FAFSA) to the scholarship committee for review.

Student Signature _____ Date _____

Scholarship Application Deadline is March 1st.