

MARGUERITE ROSS BARNETT MEMORIAL SCHOLARSHIP PROGRAM

FAFSA Submission Deadline: August 1 prior to the upcoming academic year

| I. STUDENT APPLICANT | | | | Please print neatly or type. | | |
|--|--|------------|------------------------------|---|--|------------------|
| 1. LAST NAME | | FIRST NAME | | MI | 2. SOCIAL SECURITY NUMBER | |
| 3. PERMANENT HOME ADDRESS | | | CITY | | STATE | ZIP CODE |
| 4. HOME TELEPHONE NUMBER | | | | | | |
| 5. U.S. CITIZENSHIP STATUS (check one) A. <input type="checkbox"/> U.S. CITIZEN/NATIONAL B. <input type="checkbox"/> ELIGIBLE NON-CITIZEN ALIEN REGISTER NUMBER _____ | | | | | 6. DATE OF BIRTH MONTH _____ DAY _____ YEAR _____ | |
| 7. ARE YOU PLANNING TO ENROLL IN A COURSE OF STUDY LEADING TO AN UNDERGRADUATE DEGREE IN THEOLOGY OR DIVINITY (RELIGION)? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| 8. NAME OF THE APPROVED MISSOURI SCHOOL YOU PLAN TO ATTEND | | | | | | |
| 9. SIGNATURE OF THE APPLICANT | | | | | DATE | |
| II. EMPLOYER | | | | | | |
| 10. NAME OF EMPLOYER | | | | | | |
| ADDRESS | | CITY | | STATE | ZIP CODE | TELEPHONE NUMBER |
| 11. IS THE APPLICANT EMPLOYED AND COMPENSATED FOR 20 OR MORE HOURS PER WEEK? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| 12. BEGINNING DATE OF EMPLOYMENT MONTH _____ DAY _____ YEAR _____ | | | | | | |
| 13. SIGNATURE OF EMPLOYER REPRESENTATIVE | | | PRINT OR TYPE NAME AND TITLE | | | DATE |
| III. STUDENT FINANCIAL AID OFFICE OF THE SCHOOL | | | | | | |
| 14. NAME OF SCHOOL | | | | | TELEPHONE NUMBER | |
| 15. (A) SEMESTER OF ENROLLMENT FOR WHICH THE SCHOLARSHIP IS BEING REQUESTED (check only one) (B) PERIOD OF ENROLLMENT <input type="checkbox"/> FALL (AUGUST – DECEMBER) <input type="checkbox"/> SPRING (JANUARY – MAY) _____ - _____ mm/dd/yyyy mm/dd/yyyy | | | | | | |
| 16. IS THE APPLICANT ENROLLED, OR INTENDING TO ENROLL, AS A PART TIME STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO (A) NUMBER OF CREDIT HOURS FOR THE SEMESTER ENROLLMENT _____ (B) AMOUNT OF TUITION FOR THE NUMBER OF CREDIT HOURS \$ _____ | | | | | | |
| 17. HAS THE APPLICANT EARNED A PREVIOUS BACCALAUREATE DEGREE OR COMPLETED 150 SEMESTER CREDIT HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| 18. IS THE APPLICANT A MISSOURI RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | 19. IS THE APPLICANT MAKING SATISFACTORY ACADEMIC PROGRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 20. TOTAL COST OF ATTENDANCE | | | | 21. EXPECTED FAMILY CONTRIBUTION | | |
| 22. TOTAL FINANCIAL AID AWARDED | | | | 23. FINANCIAL NEED (ITEM 20 MINUS ITEM 21 MINUS ITEM 22 = NEED) | | |
| 24. SIGNATURE OF THE STUDENT FINANCIAL AID ADMINISTRATOR | | | | PRINT OR TYPE NAME | | DATE |