Staff Senate Scholarship

The Recipient Must:

- Be a full-time staff member who has been employed by JSU for a minimum of one year at the time of the application deadline;
- Be a dependent child (natural, adoptive, foster, or stepchild) of a benefited staff member who has been employed by JSU for a minimum of one year at the time of the application deadline;
- Dependent shall be defined according to the U.S. Department of Education Financial Aid Student Guide. A student is dependent only if he/she can answer "no" to all of the following:
 - o I am 24 years or older as of January 1 the year of application;
 - o I am married;
 - I am enrolled in a graduate or professional (law or medical school) program;
 - o I have legal dependents other than a spouse;
 - o I am (or was until age 18) an orphan or ward of the court;
 - I am a veteran of the U.S. Armed Forces ("veteran" includes a student who attended a U.S. military academy who was released under a condition other than dishonorable).
- Staff Member shall be an admitted undergraduate and/or graduate student to JSU;
- Dependent shall be an admitted undergraduate student to JSU;
- Staff member shall be enrolled full-time (at least 12 credit hours per semester as an undergraduate and 9 credit hours per semester as a graduate);
- Dependent shall be enrolled full-time (at least 12 credit hours per semester);
- Staff member must have a minimum of 2.5 GPA for college credits.
- Dependent must have a minimum of 2.5 GPA for college credits or be admitted to JSU if currently a high school senior.

For the 2015-2016 academic year, the award will be:

\$250/semester for a maximum of two semesters

A minimum of 10 recipients will be selected randomly from a pool of eligible applicants. This scholarship can be received in addition to any other scholarship award.

Students must reapply each year.

Undergraduate Admissions, Jackson State University
Post Office Box 17330
Jackson, Mississippi 39217
https://sites.jsums.edu/scholarships/
PHONE: (601) 979-0928; FAX: (601) 979-3445

For more info: www.jsums.edu

Staff Senate Scholarship

Application Form

| Name of Applicant: | J# |
|--|---------------------|
| Address, City, State, Zip of Applicant: | |
| Classification: Freshmen Sophomore Junior Senior Graduate | |
| High School Grade Point Average:College Cumulative GPA: | |
| Name of Staff Member:(If different from Applicant) | Date of Employment: |
| Department of Staff Member: | |
| Department Address of Staff Member: Phone #: | |
| Applicant Certification: I am a full-time staff member who has been employed by JSU for a minimum of one year; I am a dependent child (natural, adoptive, foster, or step-child) of a benefited staff member who has been employed by JSU for a minimum of one year at the time of the application deadline; Dependent shall be defined according to the U.S. Department of Education Financial Aid Student Guide. A student is dependent only if he/she can answer "no" to all the following: I am 24 years or older as of January 1 the year of application; I am married; I am enrolled in a graduate or professional (law or medical school) program; I have legal dependents other than a spouse; I am (or was until age 18) an orphan or ward of the court; I am a veteran of the U.S. Armed Forces ("veteran" includes a student who attended a U.S. military academy who was released under a condition other than dishonorable). Staff Member is an admitted undergraduate and/or graduate student to JSU; Dependent is an admitted undergraduate student to JSU; Staff member is enrolled full-time (at least 12 credit hours per semester as an undergraduate or 9 credit hours per semester as a graduate); Dependent is enrolled full-time (at least 12 credit hours per semester); Staff member have a minimum of 2.5 GPA for college credits. Dependent have a minimum of 2.5 GPA for college credits or be admitted to JSU (if currently a high school senior). | |
| I hereby affirm that all information furnished on this application is accurate. I understand that withholding information requested or giving false information will make me ineligible, and that awards are made based on eligibility and availability of funds. | |
| Signature of Applicant: | Date |
| Signature of Staff Member: | Date |

Please return this application to Undergraduate Admissions by **TBD**.

Post Office Box 17330 Jackson, Mississippi 39217 Email Address: scholarships.jsums.edu PHONE: (601) 979-0928; FAX: (601) 979-3445