

**MISSISSIPPI UNIVERSITY FOR WOMEN  
OFFICE OF GRADUATE STUDIES**

**GRADUATE SCHOLARSHIP APPLICATION**

Student ID Number \_\_\_\_\_

Graduate Degree Sought \_\_\_\_\_

Name \_\_\_\_\_

LAST

FIRST

MIDDLE

OTHER NAME IN WHICH TRANSCRIPT MAY BE LISTED \_\_\_\_\_

Permanent Address \_\_\_\_\_

Local Address \_\_\_\_\_

(IF NOT THE SAME AS PERMANENT ADDRESS)

Work

Phone

( ) \_\_\_\_\_

Home

Phone

( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Projected Date of  
Program Completion \_\_\_\_\_

Are you currently a **fully admitted** graduate student?  Yes  No

I am applying for financial  
assistance for the \_\_\_\_\_

Semester

Total Anticipated Credit  
Hours For This Semester \_\_\_\_\_

Sources of Financial Aid or Scholarships:

Employment

Family

Student Loan

Other \_\_\_\_\_

**Attach a letter stating your need for financial assistance,  
including any relevant extenuating circumstances. This may include approximate annual  
household income, and the number of people /dependents living in the household.**

Submit this form, along with your letter, to the appropriate graduate program office **each semester** financial assistance is requested. Scholarship assistance is limited to courses 500 and above and for no more than the total hours required for completion of degree sought. Scholarships cannot be awarded until a student has completed all requirements for full admission to Graduate Studies. **Students who are currently on academic probation are not eligible to apply. If a student withdraws from classes after receiving graduate scholarship assistance, the scholarship assistance will be automatically terminated for those classes and must be repaid by the student before reapplying for this graduate scholarship.** The deadline for submitting this form is **two months** prior to the day of registration for the semester the student is seeking financial assistance.

**I have carefully read the statement above and agree to the guidelines and stipulations as stated.  
I confirm that the information provided above is accurate and I am eligible to apply for this financial  
assistance.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date