

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

PARTIAL SCHOLARSHIP REQUEST FORM FOR GRADUATE STUDENTS

RETURN TO: (Fax 662-329-8554)

MS in Health Education

Department of Health and Kinesiology

W-Box 1636

MUW

Columbus, MS 39701

_____ Muw I.D. #

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 () _____

Graduate Degree Sought: Gifted Studies Health Education Differentiated Instruction
 MAT Nursing Reading/Literacy Speech-Language Pathology

Projected Date of Program Completion _____

I am applying for financial assistance for: Fall 20____ Spring 20____ Summer 20____

Number of Credit Hours to be Taken: _____

PROCEDURE: Submit completed form to appropriate Graduate Program Coordinator/Director **each semester** financial assistance is requested. A new application must be submitted each semester. Scholarship assistance shall be 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 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 partial 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 I am eligible to apply for this financial assistance.**

Signature of Student

Date

*On the back of this form, please list all other sources of financial aid such as spouse, parents, jobs, student loans, other scholarships, etc.

*Attach a letter stating your need for financial assistance.