

UNIVERSITY OF MISSOURI – ST. LOUIS
2009-2010 SCHOLARSHIP APPLICATION
CONTINUING & GRADUATE STUDENTS

Applications received by April 1, 2009, will receive priority.
Please print or type application.

Legal Name: _____
Last First Middle

Permanent Address: _____
Street

City County State Zip Code

Phone Number: _____ Student Number: _____

Social Security Number: _____ Date of Birth: _____
Month Day Year

OPTIONAL: This information is requested for the purpose of awarding specific funds. Place an "X" next to your response.

Gender: Male Female

Dependents: No Yes

Ethnic Origin: American Indian / Pacific Islander Black, Non-Hispanic White, Non-Hispanic
 Asian or Pacific Islander Hispanic Nonresident Alien (F or J Visas)

College (check only one unless dually enrolled, then check both):

- Arts & Sciences Business Administration Education
 Engineering / Joint Engineering Fine Arts & Communication Nursing and Health Studies

Major: _____ Anticipated College Grad Date: _____
Month Year

Do you have a parent/relative who is an alumnus of UM-St. Louis? Yes No

If yes, please list their name at the time of graduation from UM-St. Louis, relationship and graduation date.

Awards and Honors (if more space is needed attach separate sheet)

Collegiate & Community Activities (if more space is needed attach separate sheet) [list names, dates and offices held]

