

UNIVERSITY OF MISSOURI – ST. LOUIS

2009-2010 SCHOLARSHIP APPLICATION

INCOMING FRESHMAN

Applications received by March 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

High School Attending: _____
High School Name City County State

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 (list all high school and community, if more space is needed attach separate sheet)

High School Activities (including athletics and community involvement, if more space is needed attach separate sheet)
 [list names, dates and offices held]
