Application for Institutional Financial Aid
Jackson State University
Jackson, Mississippi 39217

To be considered for a graduate assistantship the following deadlines apply: the Fall Semester, March 1. Applicants who do not meet these deadlines cannot be guaranteed consideration for aid. Submit completed application to the Academic Department in which you plan to obtain a degree.

I wish to be considered for: _____ Tuition Waiver _____ Graduate Assistantship

Semester for which Financial Aid is desired:

_____ Fall Semester, 20______  _____ Spring Semester, 20______

MAJOR FIELD OF PROPOSED GRADUATE WORK____________________________________

I. PERSONAL DATA

Name___________________________________________________________ SS#______________________________

Gender M / F

Last First Middle Initial

Current Address_______________________________________________________

Street __________________________ City __________________________ State/Country ______ Zip Code ______

Telephone Number (including area code): (_________ Work Number (_________

E-mail address __________________________ Current Position/Employer __________________________

II. EDUCATION BACKGROUND

Name of school and college (s) attended, list in chronological order:

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<th>Dates of Attendance</th>
<th>Institution</th>
<th>Major/Minor</th>
<th>Degree/ Certificate Earned</th>
<th>Date Earned</th>
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III. WORK HISTORY


Send this application to the department in which you plan to obtain your degree:

Chair/Department
Department/College of
Jackson State University
Jackson, Ms 39217

Signature of Applicant/Date

Revised 03/09/00