

# 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  
*Last First Middle Initial M / F*

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:

Dates of Attendance	Institution	Major/Minor	Degree/ Certificate Earned	Date Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## 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