

# *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