

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