

Staff Senate Scholarship

The Recipient Must:

- Be a full-time staff member who has been employed by JSU for a minimum of one year at the time of the application deadline;
- Be a dependent child (natural, adoptive, foster, or stepchild) of a benefited staff member who has been employed by JSU for a minimum of one year at the time of the application deadline;
- Dependent shall be defined according to the U.S. Department of Education Financial Aid Student Guide. A student is dependent only if he/she can answer “no” to **all** of the following:
 - *I am 24 years or older as of January 1 the year of application;*
 - *I am married;*
 - *I am enrolled in a graduate or professional (law or medical school) program;*
 - *I have legal dependents other than a spouse;*
 - *I am (or was until age 18) an orphan or ward of the court;*
 - *I am a veteran of the U.S. Armed Forces (“veteran” includes a student who attended a U.S. military academy who was released under a condition other than dishonorable).*
- Staff Member shall be an admitted undergraduate and/or graduate student to JSU;
- Dependent shall be an admitted undergraduate student to JSU;
- Staff member shall be enrolled full-time (at least 12 credit hours per semester as an undergraduate and 9 credit hours per semester as a graduate);
- Dependent shall be enrolled full-time (at least 12 credit hours per semester);
- Staff member must have a minimum of 2.5 GPA for college credits.
- Dependent must have a minimum of 2.5 GPA for college credits or be admitted to JSU if currently a high school senior.

For the 2015-2016 academic year, the award will be:

- \$250/semester for a maximum of two semesters

A minimum of 10 recipients will be selected randomly from a pool of eligible applicants. This scholarship can be received in addition to any other scholarship award.

Students must reapply each year.

**Undergraduate Admissions, Jackson State University
Post Office Box 17330
Jackson, Mississippi 39217
Email Address: scholarships.jsums.edu
PHONE: (601) 979-0928; FAX: (601) 979-3445**

For more info:
www.jsums.edu

Staff Senate Scholarship Application Form

Name of Applicant: _____ J# _____

Address, City, State, Zip of Applicant: _____

Classification: Freshmen Sophomore Junior Senior Graduate

High School Grade Point Average: _____ College Cumulative GPA: _____

Name of Staff Member: _____ Date of Employment: _____
(If different from Applicant)

Department of Staff Member: _____

Department Address of Staff Member: Phone #: _____

Applicant Certification:

- I am a full-time staff member who has been employed by JSU for a minimum of one year;
- I am a dependent child (natural, adoptive, foster, or step-child) of a benefited staff member who has been employed by JSU for a minimum of one year at the time of the application deadline;
- Dependent shall be defined according to the U.S. Department of Education Financial Aid Student Guide. A student is dependent only if he/she can answer "no" to **all** the following:
 - I am 24 years or older as of January 1 the year of application;
 - I am married;
 - I am enrolled in a graduate or professional (law or medical school) program;
 - I have legal dependents other than a spouse;
 - I am (or was until age 18) an orphan or ward of the court;
 - I am a veteran of the U.S. Armed Forces ("veteran" includes a student who attended a U.S. military academy who was released under a condition other than dishonorable).
- Staff Member is an admitted undergraduate and/or graduate student to JSU;
- Dependent is an admitted undergraduate student to JSU;
- Staff member is enrolled full-time (at least 12 credit hours per semester as an undergraduate or 9 credit hours per semester as a graduate);
- Dependent is enrolled full-time (at least 12 credit hours per semester);
- Staff member have a minimum of 2.5 GPA for college credits.
- Dependent have a minimum of 2.5 GPA for college credits or be admitted to JSU (if currently a high school senior).

I hereby affirm that all information furnished on this application is accurate. I understand that withholding information requested or giving false information will make me ineligible, and that awards are made based on eligibility and availability of funds.

Signature of Applicant: _____ Date _____

Signature of Staff Member: _____ Date _____

Please return this application to Undergraduate Admissions by **August 3, 2015**.

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