Murray State College Foundation
Scholarship Application Form

I am applying for the following Scholarships: __________________________________________

Eligibility: Refer to the eligibility requirements shown on each individual scholarship application listed on the MSC website at http://www.mscok.edu/alumni_friends/foundation.aspx. Eligibility criteria will differ among scholarships.

Instructions: Please read the following information carefully and fill in all blanks.

1. List the scholarships for which you would like to be considered at the top of this page.
2. Please print or type all information and attach an additional sheet if more space is required.
3. For scholarship consideration this application must be submitted to: MSC Foundation Office, One Murray Campus, Tishomingo, OK 73460.

The application must be complete to be considered. The scholarship will be awarded on the basis of information contained in the application.

(MR/MRS/MISS/MS): ____________________________

LAST NAME    FIRST    MI

Street Address: __________________________________________________________
City: __________________ State: _____ Zip: _______ Phone: (____) __________ Cell: _______

Date of Application: _____________________________ SSN: __________________________
Marital Status: __ Single; __ Married; __ Divorced. If married, is your spouse a student? __________
U.S. Citizen? __ Yes __ No; Permanent U.S. Resident __ Yes __ No

Name of high school: ______________________________________________________
Number in high school class: _______ High School GPA: ______

County: _____________________________ Year of Graduation: __________

College Major: ___________________________ ACT Composite Score: __________

College Address: __________________________________ Phone: (____) __________

Parent/Guardian: __________________________________

LAST NAME    FIRST    MI

Street Address: __________________________________________________________
City: __________________ State: _____ Zip: _______ Phone: (____) __________ Cell: _______

THREE REFERENCES WHO ARE NOT RELATED TO YOU:

1. (MR/MRS/MISS/MS): ____________________________

   Last Name    First    MI

   City: __________________ State: _____ Zip: _______ Phone: (____) __________

   How does this person know you? ____________________________________________

2. (MR/MRS/MISS/MS): ____________________________

   Last Name    First    MI

   City: __________________ State: _____ Zip: _______ Phone: (____) __________

   How does this person know you? ____________________________________________
3. (MR/MRS/MISS/MS): ____________________________________________

   Last Name               First MI
City: ____________________ State: ____ Zip: _______ Phone: (____) ______________________

How does this person know you? ________________________________________________

Please attach a high school transcript and/or college transcript and the following information:

A. Make a statement regarding your financial needs.

B. Provide a statement which describes your career goals.

C. Make a brief statement regarding your work experience.

D. Make a statement regarding your financial needs and list all other financial aid that you expect to receive.

E. List your high school or college activities and/or offices held in organizations. (Use additional pages as needed.)

I hereby certify that the information submitted in this application is accurate to the best of my knowledge. I grant permission to the scholarship committee members to review and verify contents.

_________________________________  ____________________
SIGNATURE OF APPLICANT               DATE