



UM-St. Louis/Washington University  
 Joint Undergraduate Engineering Program  
**SCHOLARSHIP APPLICATION**

Please complete the following Scholarship Information Page  
 RETURN TO: Joint Undergraduate Engineering Program  
 One University Boulevard  
 St. Louis, MO 63121-4499

**I. APPLICANT'S INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Martial status: \_\_\_\_\_

# of dependents: \_\_\_\_\_ UM-St. Louis student #: (if applicable) \_\_\_\_\_ Social Security # \_\_\_\_\_

**II. EDUCATIONAL EXPERIENCE AND PLANS**

Name of School Or College	Address	Years Attended	Degree or College Credit Hours Earned	GPA

Major: \_\_\_\_\_ Current UM-St. Louis cumulative grade point average: \_\_\_\_\_

Credit hours earned to date: \_\_\_\_\_ # of hours enrolled this semester: \_\_\_\_\_

**III. FUTURE PLANS**

What are your plans after graduation from UM-St. Louis? (Be as specific as possible)

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\_\_\_\_\_

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\_\_\_\_\_

(Please continue on the back)

**IV. ACTIVITIES**

Please list any university or community activities in which you have participated:

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Additional information may be submitted in the remaining space or you may attach additional pages as necessary.

**V. FINANCIAL RESOURCES**

If employed, place of employment: \_\_\_\_\_

If employed, does your company assist in educational fees payment? \_\_\_\_\_

If so, what percentage is paid by your employer? \_\_\_\_\_

Do you have other financial aid or a scholarship to help in paying your educational fees? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify sources and amounts:

Source	Amount

What amount of scholarship funds are you requesting? \_\_\_\_\_

**VI. STUDENT'S AUTHORIZATION AND RELEASE FOR INFORMATION**

I hereby authorize the Joint Engineering Scholarship Committee of the University of Missouri-St. Louis to examine academic and financial records which apply to me when considering my application for this scholarship.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date