

University of Missouri-St. Louis
 John Perry/Staff Association Scholarship Application

Internal Use Only/Student Status					
Freshman		Transfer		Graduate	
Full-Time		Yes	Part-Time		Yes
Major			Minor		
HS GPA			Class Rank		
ACT		SCAT		SAT	

Complete and return this information to:
 Director of Financial Aid, University of Missouri-St. Louis, 1 University Blvd., St. Louis, MO 63121

Social Security # _____ UM-St. Louis ID# _____ Date _____

Name:

Last _____ First _____ Middle _____

Current Address:

Street _____ City _____ State _____ Zip Code _____

Permanent Address (if different than above):

Street _____ City _____ State _____ Zip Code _____

Telephone () _____ E-mail Address _____

High School and Address:

Name _____ Street _____ City _____ State _____ Zip Code _____

H.S. Graduation Date _____ GPA _____ Hrs. enrolled or plan to enroll at UMSL _____

Are you a first-time incoming freshman? Yes _____ No _____ If not, please indicate which school you have previously attended and how will have completed by June 30th. _____

UM-St. Louis Employee Information: I am a dependent of _____

How is your education being financed?

Self _____ Parents _____ Student Loans _____ Pell Grant _____ Other Grants _____

Scholarships: List source and amount _____

