

SUCCEED Jubilee Scholarship Application

STUDENT NAME:	
ADDRESS (STREET, CITY, STATE, Z	IP CODE):
UMSL STUDENT ID:	PHONE NUMBER:
EMAIL:	
	delivered by 3:00 p.m. Tuesday, June 30, 2017 to the SUCCEED office (SUCCEED, as Hall, One University Blvd., St. Louis MO 63121-4400).
Eligible candidates for this scholarship are s vary and will be based upon eligible funding	students who have been admitted to the SUCCEED Program. Scholarship amounts will
TO APPLY, PLEASE SUBMIT THE FOLLO	OWING:
	ter explaining what the scholarship means to you (preference will be given to candidates statements with minimal familial oversight); nendation for the candidate
and that this letter will be submitted to S	rite a thank you letter to the scholarship donor if I am awarded a scholarship, CUCCEED office personnel for proof-reading and possible corrections, if needed.
STUDENT SIGNATURE:	DATE:

Please return application to

113 Lucas Hall One University Blvd. St. Louis, MO 63121-440