The Support Staff Educational Award is available through the University of Central Missouri Foundation for a member of the University Support Staff pursuing a degree at UCM. This scholarship is made possible by way of gifts from the UCM Support Staff Council.

SCHOLARSHIP BACKGROUND:

The Support Staff Educational Award has been established to provide financial assistance to Support Staff members in achieving their educational goals.

CRITERIA:

To apply, a student must:

a. be an undergraduate or graduate student in good academic standing at UCM;

b. be enrolled in at least one class (or a minimum of one credit hour);

c. be employed as a member of the Support Staff at UCM which is defined as a regular full-time or part-time non-exempt employee;

d. have been employed at UCM for at least six (6) months.

SELECTION PROCESS:

1. The recipient(s) of the Support Staff Educational Award will be recommended by a selection committee designated by the Support Staff Council President. Undergraduate recipient(s) shall be approved by the UCM Scholarships and Awards Officer. Graduate recipient(s) shall be approved by the Dean of the Graduate School.

2. The application must be delivered or postmarked by March 1. Recipient(s) shall be announced by May 15 of any given year.

3. The Selection Committee, with the approval of the donor and the Executive Director of the Foundation, will annually establish the number and award amount. If adequate funding is not available, the Selection Committee may exercise the option of making no selection.

Applications must be delivered / postmarked by March 1 to:
UCM Office of Student Financial Assistance • UCM • WDE 1100 • Warrensburg, MO 64093

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-- Keep information pages of this scholarship application for your reference --
Application for the
SUPPORT STAFF EDUCATIONAL AWARD

Complete as applicable:

1. Name ___________________________ UCM student ID# _________________________

2. Permanent address __________________________________________________________

                                          street

                                          city  state  zip code  county

3. Home phone (   ) ______________ Cell phone (   ) ______________ Campus phone ______________

4. Campus office address _________________________ E-mail ______________________________

5. Major _______________________________ Minor _______________________________

6. Cumulative GPA _________________________ GPA in major _________________________

7. Class designation ___ freshman ___ sophomore ___ junior ___ senior ___ graduate student

8. Estimated date of graduation/degree completion _____________________________

                                          month  year

9. Are you a member of the UCM Support Staff?     _____ no     _____ yes

   If yes, in which office are you currently employed? ______________________________

   What is your current position / title? __________________________________________

10. How long have you been employed at UCM? _____________________________________

11. Attach a list of campus and community organizations to which you belong. List leadership roles when applicable.

12. Attach a brief statement of your professional goals as they relate to this scholarship. Be sure to include your plans and aspirations for the future.

13. Attach a current transcript. An unofficial transcript may be printed (free of charge) from the student portal at https://www.ucmo.edu/portal.


Keep a copy of completed application for your reference

11/07
## PERSONAL FINANCIAL STATEMENT

Indicate your estimated budget for the next school year

<table>
<thead>
<tr>
<th>COSTS</th>
<th>RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and required fees</td>
<td>Personal savings</td>
</tr>
<tr>
<td>Books, instructional material</td>
<td>Earnings during vacation</td>
</tr>
<tr>
<td>Room and board</td>
<td>Part-time earnings during academic year</td>
</tr>
<tr>
<td>Clothing</td>
<td>Aid from parents/guardians</td>
</tr>
<tr>
<td>Commuting expenses</td>
<td>Other scholarships</td>
</tr>
<tr>
<td>Personal and recreational</td>
<td>Other resources</td>
</tr>
<tr>
<td>Sorority/Fraternity dues</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>TOTAL</td>
</tr>
</tbody>
</table>

### REFERENCES:

1. Name _______________________________________ Relationship ____________________________
   Phone Number _____________________________ E-mail ____________________________

2. Name _______________________________________ Relationship ____________________________
   Phone Number _____________________________ E-mail ____________________________

### UNDERSTANDING OF ACCEPTANCE:

If I am selected as a recipient of this scholarship, I understand that I must meet the criteria as outlined in this application at the beginning of the semester in which the scholarship is to be applied to my student account. If my status should change before/during the academic year, I understand that I must notify the Office of Student Financial Services (543-4761). I further understand that a change in my status may affect my eligibility and the application of the scholarship to my student account.

__________________________________________________ _________________________________
Signature             Date

Applications must be delivered / postmarked by **March 1** to:
Office of Student Financial Services • University of Central Missouri • WDE 1100 • Warrensburg, MO  64093