Student Parents on a Mission
Scholarship Application
Checklist

1. Completed Application
2. Proof of Income
   (Financial Aid Award Letter, Check Stub, etc.)
3. Previous semesters transcript
   (a copy from StuInfo is sufficient)
4. A Letter Validating Community Service or letter of reference from current employer or MSU Administrator/Professor
5. A Narrative of Why You are Deserving of the Award
   (no more than 1 page)
6. Deadline: Wednesday, September 30, 2015 (for Fall 2015 Scholarship)

For More Information Please Contact
Family Resource Center
(517) 432-3745

Mail to:
Family Resource Center
1407 S. Harrison, Suite 225
E. Lansing, MI 48823
Fall 2015 Semester
Student Parents on a Mission Scholarship

Submit to:
Student Parents on a Mission
c/o Family Resource Center
1407 S. Harrison, Suite 225
East Lansing, MI 48823

Checklist
1. Completed application, submitted by due date: Wednesday, September 30, 2015
2. Proof of income (financial aid award letter, check stub, etc.)
3. Previous semesters transcript (a copy from StuInfo is sufficient)
4. A letter validating community service or letter of reference from a current employer or MSU Administrator/Professor
5. A narrative of why you are deserving of the award (no more than 1 page)

Application

Name: ___________________________ DOB: _________________
Last First MI

Local Address: ___________________ Street City/State ZIP

Permanent Address: ___________________ Street City/State ZIP

Local Phone: ( ) ________________ Permanent/Cell: ________________


Student Status: Full Time Part Time Other: ______________ GPA: ______

Employer: __________________________ Address: __________________________

City/State: ___________ ZIP: ___________ Phone: __________________________

Position: __________________________

Source of Income: _______________ Ethnicity (optional): _______________

Child(s) Name DOB/Age School/Childcare
1. __________________ ________ __________________________
2. __________________ ________ __________________________
3. ____________________  ____________________  ____________________

Are you currently receiving any other scholarships/grants? Yes or No. If yes please list:

____________________________________________________________________

____________________________________________________________________

In what year did you become a member of SPOM? ____________________

How many meetings have you attended since membership? ________________

Are your dues current? ☐ Yes  ☐ No

What events have you participated in? _________________________________

____________________________________________________________________

Community Service Activities/Volunteer  Date  Phone
1. ______________________________  __________  __________
2. ______________________________  __________  __________

I ______________________________ have answered all of the above information honestly and to the best of my knowledge. If I have falsified any information above I do understand that my application process will be discontinued immediately.

________________________________________  __________
Signature                       Date

________________________________________
Email Address