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)

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
Spring 2012 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: Friday, January 27, 2012
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: _______________________

Check One

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