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 2013 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, January 16, 2013  
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: ___________________  
Major: ________________  
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