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: Friday, January 22, 2016 (for Spring 2016 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
Spring 2016 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 22, 2016
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