



The University of Mississippi

Application for the Child of Faculty/Staff Award

This scholarship is available to children of employees of The University of Mississippi Main Campus (Oxford), The University of Mississippi Satellite Centers (Tupelo, DeSoto), and the University of Mississippi Medical Center in Jackson. Children of retired employees or those employees who die while in service are also eligible.

- A partial tuition scholarship is available to dependent children of permanent, full time faculty and staff of The University of Mississippi. This tuition scholarship will cover 50% of tuition costs per semester for each parent employed by The University of Mississippi.
- A tuition scholarship representing full tuition is available to single dependent children of full time faculty and staff of The University of Mississippi who were employed prior to **July 1, 1977**.

Please print and complete one application per employed parent. Sections I and IV should be completed by the applying student; Section II and IV should be completed by the parent.

Section I. To be completed by student (please print):

STUDENT LAST NAME

STUDENT FIRST NAME

STUDENT MIDDLE NAME

OLE MISS STUDENT NUMBER (if known)

Please check the appropriate box indicating your enrollment status:

Award to Begin: _____ Fall _____ Spring _____ Summer **Year:** _____

Section II. Parent Information (to be completed by employed parent)

LAST NAME

FIRST NAME

MAIDEN NAME

UNIVERSITY DEPARTMENT IN WHICH YOU ARE EMPLOYED

CAMPUS LOCATION

OFFICE PHONE NUMBER

Parent Employee Number

PARENT EMAIL ADDRESS

Section III. Terms and Conditions. This award is automatically renewable until completion of first bachelor's degree provided the following terms and conditions are met:

1. The recipient must remain unmarried.
2. The recipient must be enrolled at The University of Mississippi.
3. The recipient must not be more than 24 years of age.
4. The scholarship will be cancelled if the student completes the requirements for a baccalaureate degree or is approved for a dependency override with the Office of Financial Aid.

Section IV. Acceptance of Terms and Conditions (to be completed by student and parent)

I understand and accept all of the terms and conditions of this scholarship as stated in Section III.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Each application must be signed accepting the aforementioned terms and conditions.

Please return application to:

The University of Mississippi
Office of Financial Aid
257 Martindale Center
P.O. Box 1848
University, MS 38677

Fax: 662-915-1164 (Attn: Scholarships)

Office Use Only (Human Resources Certification)

Employment Status of parent: _____ Eligible _____ Employment Date _____

Parent is not eligible because:

Date of certification _____ Certified by _____