



**The University of Mississippi
Distinguished Senior Scholarship Application
2017-2018**

Name _____

Student ID Number _____

Email Address _____

Local Phone or Cell Phone _____

Major _____ Minor _____

The Distinguished Senior Scholarship selection process is highly competitive. The committee will select 25 new recipients. The Scholarship is \$2,000 for one-year.

Applicants must meet the following requirements:

- Must be a first-time undergraduate
- Must be a U. S. Citizen
- Must be a senior, for the 2017-18 academic year, with at least 30 credit hours of course work at the University of Mississippi.
- Must have a minimum GPA of 3.75 on University of Mississippi coursework (Resident GPA)

Applicant must include the following with the application:

- Two reference forms (attached on this application) that have been completed by a faculty member who has taught you in class. *Each of these should be submitted in a sealed envelope and should include contact information for the faculty member.*
- A current resume that includes all extracurricular activities, leadership positions, and honors obtained while a student at the University of Mississippi.
- A signed “Terms and Conditions” form.

**PLEASE SUBMIT ALL MATERIALS TO THE OFFICE OF FINANCIAL AID NO LATER THAN
4:30 PM ON Friday, May 12, 2017.**

Faculty Recommendation Form Chancellor's Scholarship Application

To the Applicant: Complete Section 1 of this form and give to a faculty member whom you have had for a class. You are responsible for returning the recommendation in a sealed envelope to the Office of Financial Aid along with the Chancellor's Scholarship Application and other required materials.

Applicant's Full Name _____

Ole Miss Student ID _____

The Family Educational Rights and Privacy Act of 1974 opens many students' records for inspection. The law also permits the student to sign a waiver relinquishing his or her rights to inspect any letter of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read this reference.

Date _____ Signature _____

Recommendation by Faculty

1. How long and in what capacity have you known this student? _____

2. How does this student compare with other students you have known in recent years? Please check the appropriate box.

	Below Average	Average	Very Good	Outstanding	No Basis for Judgment
General Academics					
Written and Verbal Expression					
Stability and Maturity					

3. Do you know of any personal, social, or other issues that will assist in evaluating the applicant?

Your Name and Title (Please Print) _____

Your Signature _____

Telephone _____

Email _____@olemiss.edu

****PLEASE RETURN THIS FORM IN A SEALED ENVELOPE TO THE STUDENT.***

**Faculty Recommendation Form
Chancellor's Scholarship Application**

To the Applicant: Complete Section 1 of this form and give to a faculty member whom you have had for a class. You are responsible for returning the recommendation in a sealed envelope to the Office of Financial Aid along with the Chancellor's Scholarship Application and other required materials.

Applicant's Full Name _____

Campus Management ID _____

The Family Educational Rights and Privacy Act of 1974 opens many students' records for inspection. The law also permits the student to sign a waiver relinquishing his or her rights to inspect any letter of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read this reference.

Date _____ Signature _____

Recommendation by Faculty

1. How long and in what capacity have you known this student? _____

2. How does this student compare with other students you have known in recent years? Please check the appropriate box.

	Below Average	Average	Very Good	Outstanding	No Basis for Judgment
General Academics					
Written and Verbal Expression					
Stability and Maturity					

3. Do you know of any personal, social, or other issues that will assist in evaluating the applicant?

Your Name and Title (Please Print) _____

Your Signature _____

Telephone _____

Email _____@olemiss.edu

****PLEASE RETURN THIS FORM IN A SEALED ENVELOPE TO THE STUDENT.***

Terms and Conditions for the Chancellor's Scholarship

- This scholarship is payable in equal installments between fall and spring semester.
- Full-time enrollment of at least 12 hours each semester is required.
- Enrollment in Independent Study (correspondence) courses will not count in the full-time enrollment calculation.
- Maximum eligibility is limited to **two consecutive regular semesters (Fall and Spring only)** or until a **bachelor's degree is received**. This scholarship will not pay for winter intersession, summer intersession, or any other summer terms.
- If you withdraw from the University within the 100% institutional refund period (the first 10 days of classes), any scholarship that has already credited to your bursar account must be repaid in full.
- If you withdraw from the university and attend another college, you will forfeit your scholarship unless previously arranged with the University of Mississippi Office of Financial Aid.
- This scholarship in combination with all other financial aid and other resources may not exceed the student's estimated cost of attendance. If it exceeds this cost, it may be subject to reduction.

I understand that if I am awarded the Chancellor's Scholarship that the above listed terms and conditions will apply without exception.

Student Name (Please Print)

Student ID

Student Signature

Date