



Child of Faculty/Staff Award Application

This scholarship is available to children of employees of The University of Mississippi Main Campus (Oxford), The University of Mississippi Regional Campuses (Tupelo, Desoto, Grenada, Booneville and Rankin) and the University of Mississippi Medical Center in Jackson. Children of retired employees or those employees who die while in service are also eligible. The employee must be full-time, benefit-eligible prior to the end of the late registration period of the term for which the benefit is provided.

- A partial tuition scholarship is available to dependent children of permanent, full-time faculty and staff 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.

To Be Completed by Student (Please Print):

STUDENT LAST NAME _____

STUDENT FIRST NAME _____

OLE MISS STUDENT NUMBER _____

Please check the appropriate box indicating your enrollment status:

Award to Begin: Fall Spring Summer

Academic Year: _____

To Be Completed by Parent (Please Print):

PARENT LAST NAME _____

PARENT FIRST NAME _____

PARENT EMAIL ADDRESS _____

CAMPUS LOCATION _____

UNIVERSITY DEPARTMENT _____

OFFICE PHONE NUMBER _____

Please complete this section with Parent Employee Information:

Employee ID: _____

Official Start Date: _____

Classification (check one): Faculty Staff Retired

Terms and Conditions: This award is automatically renewable until completion of the 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.

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 the Terms and Conditions Section of this application.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Both parent and student must sign each application, accepting the aforementioned Terms and Conditions.

Please return application to one of the following:

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

Fax: Attention Scholarships
(662) 915-1164

Email: finaid@olemiss.edu