

**Marguerite Ross Barnett Memorial Scholarship Program Application
2006-2007 Academic Year**

I. Student Applicant

Please Print Neatly or Type

1. Last Name	First Name	MI	2. Social Security #
3. Permanent Home Address	City	State	Zip Code
4. Home Telephone # ()			
5. U.S. Citizenship Status (check one) A. <input type="checkbox"/> U.S. Citizen/National B. <input type="checkbox"/> Eligible Non-Citizen Alien Registration Number _____		6. Date of Birth M_____ D_____ Y_____	
7. Are You Planning to Enroll in a Course Leading to an Undergraduate Degree or Certificate in Theology or Religion (Divinity)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Name of the Missouri School You Plan to Attend:			
9. Applicant Signature		Date	

II. Employer

10. Name of Employer			
Address	City	State	Zip Code
11. Is the Applicant Employed and Compensated for 20 or More Hours Per Week? <input type="checkbox"/> Yes <input type="checkbox"/> No			
12. Beginning Date of Employment M_____ D_____ Y_____			
13. Signature of Employer Representative	Print or Type Name and Title	Date	

III. Financial Aid Office of the School

14. Name of School		Telephone Number ()
15. (A) Semester of Enrollment for which the Scholarship is Being Requested (Check all that apply) <input type="checkbox"/> Fall (August-December) <input type="checkbox"/> Spring (January-May) (B) Period of Enrollment: _____ (mm/dd/yyyy) ----- _____ (mm/dd/yyyy)		
16. Is the Applicant Enrolled, or Intending to Enroll, as a Part Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No (A) Number of Credit Hours for the Semester Enrollment FA_____ SP_____ (B) Amount of Tuition for the Number of Credit Hours FA \$_____ SP \$_____		
17. Has the Applicant Earned a Previous Baccalaureate Degree or Completed 150 Semester Hours? <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Is the Applicant a MO Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
19. Is the Student Making Satisfactory Academic Progress? <input type="checkbox"/> Yes <input type="checkbox"/> No		
20. Total Cost of Attendance \$_____		21. Expected Family Contribution \$_____
22. Total Financial Aid Awarded \$_____	23. Financial Need (Item 20-Item 21-Item 22) = Need \$_____	24. ISIR Processed Date: _____
25. Signature of Financial Aid Administrator	Print or Type Name	Date

FAFSA Processed Deadline: April 1, 2006