



### Student Employee Scholarship Application

|                                                                               |                                       |        |                                               |        |
|-------------------------------------------------------------------------------|---------------------------------------|--------|-----------------------------------------------|--------|
| Applicant Name:                                                               |                                       |        | Student Number (EmplID)                       |        |
| (Last)                                                                        | (First)                               | (M.I.) | Major                                         | G.P.A. |
| (Street or P.O. Address)                                                      |                                       |        | Number of Hours Completed by<br>December 2019 |        |
| (City)                                                                        | (State)                               | (ZIP)  | Name of Hometown Newspaper                    |        |
| Telephone<br>( )                                                              | Citizenship<br>USA<br>Other (Specify) |        | High School Attended & Date of Graduation     |        |
| List any certifications or professional organizations you<br>are a member of: |                                       |        | Anticipated Date of College Graduation        |        |
| Vocational Training                                                           |                                       |        | Parent or Guardian                            |        |
|                                                                               |                                       |        | (Name)                                        |        |
| Extra-curricular Activities                                                   |                                       |        | (Street or P.O. Address)                      |        |
|                                                                               |                                       |        | (City) (State) (ZIP)                          |        |

Scholastic Awards or Honors Received

Work Experience (include current position)

| Date | Company Name & Address | Title | Reason for Leaving |
|------|------------------------|-------|--------------------|
|------|------------------------|-------|--------------------|

Unit presently employed by:

## Criteria:

1. Applicants must have been employed by a CDS operation by January 25, 2020.
2. The applicant must have at least a 2.5 GPA.
3. The applicant must submit all of the required documents listed below by the advertised deadline:
  - Application form
  - scholarship request letter
  - official documentation of GPA (e.g., Fall 2019 grades, computer summary)
  - two letters of recommendation (one from current CDS Manager/Assistant Manager)
4. Scholarships will be credited to each recipients University of Missouri account for the Fall 2020 Semester.
5. Application packets must be submitted to:  
Susan Dayton  
900 Virginia Avenue  
Columbia, MO. 65211-5030  
  
by March 13, 2020.

*Good Luck!*