

## CHILD OF FACULTY/STAFF AWARD

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This scholarship is available to children of employees of The University of Mississippi Medical Center, The University of Mississippi Main Campus (Oxford), and the University of Mississippi Satellite Centers (Tupelo, DeSoto). 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 Medical Center. This tuition scholarship will cover 50% of tuition costs per semester for each parent employed by The University of Mississippi Medical Center.
- A tuition scholarship representing full tuition is available to single dependent children of full time faculty and staff of The University of Mississippi Medical Center who were employed prior to **July 1, 1977**.

## TERMS AND CONDITIONS

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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 Medical Center.
3. The recipient must not be more than 24 years of age.
4. Student must maintain a 2.0 cumulative GPA.
5. The scholarship will be cancelled if the student completes the requirements for a baccalaureate degree or is approved for a dependency override with the Financial Aid Office.

## DOCUMENTATION TO ACCOMPANY THIS APPLICATION

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- Applicants are required to submit:
  1. For children of the employee – certified copy of birth certificate.
  2. For step-children of the employee – certified copy of birth certificate and certified copy of parental marriage license.
  3. For children whose legal guardian is an employee – certified copy of court order.
  4. For children/step-children/legal guardian of deceased employee – certified copy of birth certificate, certified copy of parental marriage license, certified copy of court order, and certified copy of death certificate.
  5. For children/step-children/legal guardian of retired employee – official notification of PERS benefits, certified copy of birth certificate and certified copy of parental marriage license, and certified copy of court order.

\*Birth Certificate MUST list both parents.

## APPLICATIONS ARE TO BE SUBMITTED TO:

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The University of Mississippi Medical Center  
Financial Aid Office  
2500 North State Street  
Jackson, MS 39216

- **Application Deadline** – must be submitted before last day to withdraw from a course in enrolled term. You will only receive funding for the current and remaining terms in the academic year if you are enrolled.

**APPLICATION –  
CHILD OF FACULTY/STAFF AWARD**

- **Application Deadline** – must be submitted before last day to withdraw from a course in the enrolled term. You will only receive funding for the current and remaining terms in the academic year if you are enrolled.

**SECTION 1. TO BE COMPLETED BY STUDENT**

<b>LName:</b>				<b>FName:</b>			
<b>Student Number:</b>							
<b>Enrollment Term:</b>	<b>Summer</b>	<b>Fall</b>	<b>Spring</b>	<b>Year:</b>			

**SECTION 2. TO BE COMPLETED BY PARENT**

<b>LName:</b>				<b>FName:</b>			
<b>Employee Number:</b>				<b>Department:</b>			
<b>Campus Location:</b>				<b>Office Phone Number:</b>			
<b>Parent Email Address:</b>							

**SECTION 3. TERMS AND CONDITIONS**

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

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5. The scholarship will be cancelled if the student completes the requirements for a baccalaureate degree or is approved for a dependency override with the Financial Aid Office.

**SECTION 4. 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 3.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return application and documents to:**  
  
**The University of Mississippi Medical Center**  
**Financial Aid Office-Learning Resources Bldg**  
**2500 North State Street**  
**Jackson, MS 39216**

Office Use Only (Human Resources Certification) Certification Date _____ Certified by _____
Employment Status of parent: _____ Eligible _____ Employment Date _____
Parent is not eligible because: _____