

ORR-RUSSWURM MEMORIAL SCHOLARSHIP

This scholarship is preserved exclusively for the purpose of providing assistance to deserving student (Medicine, Dentistry, Nursing, and Health Related Professions) whom are planning a full or part-time career in Christian Missionary work.

TERMS AND CONDITIONS

This scholarship is renewable until completion of an undergraduate, graduate, or professional program provided the following criteria are met:

1. Applicant **MUST** be enrolled as a full-time student at UMMC, and
2. Applicant **MUST** have ≥ 2.7 GPA, and
3. Applicant **MUST** submit verifiable proof of previous and current Christian Missionary work experiences, and
4. Applicant **MUST** submit a written summary of future plans to obtain a full or part-time career in Christian Missionary work to the Financial Aid Office.

FUNDING

This scholarship will pay up to \$3,000 if recipient meets the terms and conditions as stated above.

1. The amount of scholarship award will be determined annually based upon the availability of funds. Therefore, the award amount may vary.
2. The recipient will be awarded the scholarship for each year he/she is enrolled and eligible provided Terms and Conditions are met.

DOCUMENTATION TO ACCOMPANY THIS APPLICATION

- Applicants are required to submit:
 1. Completed application
 2. Verifiable proof of previous and current Christian Missionary work
 3. Written summary of future plans to obtain a full or part-time career in Christian Missionary work.

APPLICATIONS ARE TO BE SUBMITTED TO:

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 the enrolled term. You will only receive funding for the current and remaining terms in the academic year if you are enrolled.

**APPLICATION –
ORR-RUSSWURM MEMORIAL SCHOLARSHIP**

SECTION 1. TO BE COMPLETED BY STUDENT

LName:	FName:
Student ID#:	Program:
Religious Affiliation:	
Enrollment Term:	Summer Fall Spring Year:

SECTION 2. EVIDENCE OF CHRISTIAN MISSIONARY WORK

Program Name:	Start Date:	End Date:
Program Goal:		
Population Served (check all that apply)		
Youth	Adults	Seniors
Other (Please specify)		
Location:	Hours Completed:	
Supervisor's Name:	Email:	
PLEASE DESCRIBE YOUR SPECIFIC INVOLVEMENT:		
1. HOW DID THE PROGRAM POSITIVELY IMPACT THE POPULATION SERVED?		
2. HOW DID YOUR INVOLVEMENT IN THE PROGRAM AFFECT YOU?		
3. WHAT ARE YOUR FUTURE PLANS FOR CHRISTIAN MISSIONARY WORK?—ATTACH WRITTEN SUMMARY OF FUTURE PLANS TO OBTAIN A CAREER IN CHRISTIAN MISSIONARY WORK		

SECTION 3. ACCEPTANCE OF TERMS AND CONDITIONS (TO BE COMPLETED BY STUDENT AND SUPERVISOR)

By signing this form, I verify that all of the information I have provided is true and correct. I understand that this scholarship, if awarded, can be rescinded if I submit false information or documents.

Student Signature _____ Date _____

Supervisor Signature _____ Date _____

Return application and documents to:

**The University of Mississippi Medical Center
Financial Aid Office – Learning Resource Bldg
2500 North State Street
Jackson, MS 39216**

Office Use Only:	Approved: ____	Amount: _____	Date: _____
Denied/Reason: _____			