

UMMC FAMILY SCHOLARSHIP FOR GRADUATE/PROFESSIONAL PROGRAMS

This scholarship is available to children of full time employees of The University of Mississippi Medical Center(UMMC). Children of retired UMMC employees or those UMMC employees who die while in service are also eligible.

TERMS AND CONDITIONS

This scholarship is automatically renewable until completion of a graduate or professional program provided the following criteria are met:

1. The recipient must be enrolled at UMMC in a graduate or professional program and not eligible for a staff tuition waiver.
2. Parent or step-parent **MUST** be a **CURRENT** full time UMMC employee, deceased while a full time UMMC employee or retired UMMC employee under PERS guidelines.
3. Parent or step-parent **MUST** have worked full time 12-consecutive months at the time the application is submitted to the Financial Aid Office.

FUNDING

This scholarship will pay up to full tuition if recipient meets the terms and conditions as stated above.

1. One award annually regardless of the number of parents/step parents employed at UMMC.
2. The amount of scholarship award will be determined annually based upon the availability of funds. Therefore, the award amount may vary.
3. The amount of scholarship award plus all other tuition/fee scholarships will not exceed UMMC tuition and fee charges.
4. The recipient will be awarded the scholarship for each year he/she is enrolled and eligible.

DOCUMENTATION TO ACCOMPANY THIS APPLICATION

- 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:

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 –
UMMC FAMILY SCHOLARSHIP FOR GRADUATE/PROFESSIONAL PROGRAMS**

- **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

LName:				FName:		
Student Number:						
Enrollment Term:	Summer	Fall	Spring	Year:		

SECTION 2. TO BE COMPLETED BY PARENT

LName:	FName:	Maiden Name:
Employee Number:	Department:	
UMMC Full-time Employment Dates:	to	Office Phone Number:
Parent UMMC Email Address:		

SECTION 3. TERMS AND CONDITIONS

This scholarship is automatically renewable until completion of graduate/professional program provided the following criteria are met:

1. The recipient must be enrolled at UMMC in a graduate or professional program and not eligible for a staff tuition waiver.
2. Parent or step-parent **MUST** be a **CURRENT** full time UMMC employee, deceased while a full time UMMC employee or retired UMMC employee under PERS guidelines.
3. Parent or step-parent **MUST** have worked full time 12-consecutive months at the time the application is submitted to the Financial Aid.

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 Resource 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: _____