



### Application for the Family Scholarship for Graduate/Professional Programs

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

- Employee must have worked at UMMC at least 12 consecutive months
- The amount of the award will be determined annually based upon availability of funds. Each student is eligible for only one award annually regardless of the number of parents/stepparents employed.

Please print and complete application. Sections I and IV should be completed by the applying student; Section II and IV should be completed by the parent.

#### Section I. To be completed by student (please print)

Student Last Name	Student First Name	Student Middle Name	Student Social Security Number
School Attending	What degree are you seeking?		Student ID Number

Award To Begin: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer Year: \_\_\_\_

#### Section II. To be completed by employed parent (please print)

Parent Last Name	Parent First Name	Parent Maiden Name	Parent Social Security Number
University Department In Which You Are Employed	Campus Location	Office Phone Number	Parent Email Address
Dates of Full-time employment at UMMC From: _____ To: _____			

**Section III. Terms and Conditions.** This award is automatically renewable until completion of Graduate/Professional degree provided the recipient remains enrolled at The University of Mississippi Medical Center and in good standing.

The amount of the award may vary from year to year based upon availability of funds.

#### Section IV. 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 III.

Student Signature	Date
Parent Signature	Date

Each application must be signed accepting the aforementioned terms and conditions. Please return application to:

The University of Mississippi Medical Center  
Office of Financial Aid  
2500 North State Street  
Jackson, MS 39216  
Fax: 601-984-6984