Application for MCMA Student Emergency Scholarship Fund

College of Mass Communication & Media Arts Southern Illinois University Carbondale

This scholarship fund was set up by MCMA alumni to assist students experiencing temporary financial difficulties and as such unable to register for the next semester of classes.

Please type or print in black ink and return to your Academic Advisor.

Student I	nformation		
Name:			
Dawg Tag:_			
Permanent,	/Home Address:		
	ress, city, state, zip)		
	ess: ress, city, state, zip)		
(street add	ress, erey, state, zipj		
Phone:			
Email:			
Academic	: Record		
Current C	class Level: (Circle One)		
Freshman Credits: (0-	Sophomore 25) Credits: (26-55)	Junior Credits: (56-85)	Senior Credits: (86+)
SIU GPA (O	verall) Transfer G	PA ble)	
Expected (Graduation Date:	•	
Expected	naduation Date.		
	pecialization MCMA Undecided		
Cinem	a & Photography:		
	Cinema		
	Photography		
Journa	alism:		
	Advertising/IMC		
	News/Editorial		
	Photojournalism		
	Journalism and Mass Communication		
Radio-	Television and Digital Media:		
	Electronic Journalism (News)		
	Media Industries		
	Radio/Audio Production		
	TV/Video Production		
	Digital Media Arts and Animation Electronic Sports Media		
	Licentine sports Media		

Reason for requesting consideration for receiving this scholarship:					
Please provide the names of two MCMA Faculty/Staff who are familiar with your situation and/or academic/extracurricular performance.					
Financial Need Supplement					
Do you have a current FAFSA on file?					
□ Yes					
□ No					
Have you met your cost of attendance for this current year? (Please verify with Financial Aid, Student Services Building, 2^{nd} floor)					
 Yes, I have met my cost of attendance for the current year. No, I have not met my cost of attendance for the current year. 					
Dollar amount of school paid by parents or other: \$					
Family Income (approx. figure) \$/year					
Number of persons in family:					
Number of children in college:					
Employment you now have or plan to have to help with finances:					
Salary: \$/per month					
Outline any special financial needs in detail. If you are a parent, please provide information about your family responsibilities as well as the age(s) of your child(ren). If you are experiencing health or family challenges, please describe:					

I am a US citizen				
	Yes			
	No			

Applicant Agreement

In connection with this application, I grant members of the faculty and staff of the College of Mass Communication and Media Arts permission to review my personal and academic records. My waiver of legal privacy extends only to those reviews necessary and proper in connection with the consideration of my application. I hereby attest, as the recipient of the MCMA Student Emergency Fund, that I authorize an appropriate release of information to donors. I understand that if selected as a scholarship recipient I will be expected to submit a thank you note or letter to be sent to the donor(s).

Your signature: _	 		
-			
Date:			