Scholarship Application for Freshmen and Transfer MCMA Students
College of Mass Communication & Media Arts
Southern Illinois University Carbondale

Please type or print in black ink and return to the MCMA Dean’s Office (COMM 1012).
Due: last Friday of January

Student Information

Name:_______________________________________________________________________

Dawg Tag:___________________________________________________________________

Permanent/Home Address:_______________________________________________
(street address, city, state, zip)

Local Address:_________________________________________________________________
(street address, city, state, zip)

Phone:_______________________________________________________________________

Email:______________________________________________________________________

Academic Record

Current Class Level: (Circle One)

Freshman Credits: (0-25)  Sophomore Credits: (26-55)  Junior Credits: (56-85)  Senior Credits: (86+)

ACT or SAT Score _______  Transfer GPA _________  SIU GPA (Overall) ______
(If Applicable)

Expected Graduation Date: _________________________

Major & Specialization

  □ MCMA Undecided

Cinema & Photography:

  □ Cinema
  □ Photography

Journalism:

  □ Advertising/IMC
  □ News/Editorial
  □ Photojournalism
  □ New Media News Production

Radio-Television and Digital Media:

  □ Electronic Journalism (News)
  □ Media Industries
  □ Radio/Audio Production
  □ TV/Video Production
  □ Digital Media Arts
  □ Animation
Leadership Activities
List all co-curricular activities. Include the number of years you participated and the offices you held or awards you received. Please be sure to include all activities, especially those related to your major, such as competitions, conferences, or festivals in which you participated. (List on next page)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Years in Activity</th>
<th>Awards/Offices Held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Work Experience and Career Goals
List any jobs, paid or volunteer, you have had in the past three years, including part-time, student work, internships, community service, etc.

<table>
<thead>
<tr>
<th>Position</th>
<th>Years</th>
<th>City/State</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe your career plans as specifically as possible:

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
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:______________________________