

For office use only:

EFC: _____ Unmet Need: _____ Borrowed loans? _____ Pell: _____ Amount requesting: _____



Utah Education Disadvantaged Fund Grant Application Academic Year 2020-2021

These grants are allocated to provide supplemental financial assistance for economically disadvantaged students at Southern Utah University. Priority will be given to full-time, undergraduate, first degree-seeking students. Maximum award amount is generally \$500.

GENERAL REQUIREMENTS:

1. Must be a Utah resident and U.S. or naturalized citizen.
2. You cannot be on academic or financial aid probation. Academic and financial aid transcripts will be verified. Preference will be given to full-time students with financial need.
3. You must maintain a 2.5 GPA or greater.
4. On a separate sheet of paper, please submit a Personal Statement describing the following: your academic and/or vocational achievements, personal goals, and any barriers you have overcome to achieve your goals. Please be specific with any financial barriers you have, or are currently experiencing.
5. Please provide a one page thank you letter addressed to the Utah State Legislators.
6. Review of applications will begin one (1) month prior to the commencement of each semester. Awards will be given on a semester basis. You will need to re-apply each semester. Incomplete applications will not be considered.

Please print legibly and attach your typed personal statement and thank you letter.

Name: _____ T-Number: _____

Address: _____
Street City State Zip Code

Please check off any semester(s) you intend on attending this year: Fall Spring Summer

Phone _____ E-Mail Address: _____

Major _____ Cumulative credit hours: _____ Credit hours this semester: _____

Class: Freshman Sophomore Junior Senior Cumulative GPA: _____

Applying for: Fall`20 Spring`21 Summer`21 Total Amount of Aid Requested: _____

I certify the information provided on this application is true and complete. I authorize information regarding my scholarship application, academic record, and financial-aid award be released to the scholarship committee. I understand that the committee may require additional documentation to verify the accuracy of information on this application, and I agree to the release of such information and documentation.

Signature _____ Date: _____