

McMurry University
2009-2010 Faculty/Staff Scholarship Application
2009-2010 Academic Year

Student Name _____

Student ID _____

Student Telephone Number _____

McMurry Faculty/Staff member name _____

Relationship to McMurry Faculty/Staff Member _____

I or my dependent will register for: (list number of credit hours)

_____ hours - Fall Semester 2009

_____ hours – Spring Semester 2010

_____ hours – May Term 2010

_____ hours – 1st Summer Session 2010

_____ hours – 2nd Summer Session 2010

All applicants must complete the FAFSA. Date FAFSA completed _____

COMPLETE THIS SECTION ONLY IF THE STUDENT IS A DEPENDENT CHILD OF A FACULTY OR STAFF MEMBER (circle the appropriate answer)

| | | |
|---|-----|----|
| The student is under 24 years of age. | Yes | No |
| Do you claim the student as a dependent for tax purposes? | Yes | No |

Signature of Faculty/Staff Member

Department

Date

This section for office use only

Approved _____

Not Approved _____

Director of Financial Aid

Date

Return to:
Financial Aid Office
Box 908 McMurry Station
Abilene, Texas 79697-0908