

SOUTHWEST MISSISSIPPI COMMUNITY COLLEGE
APPLICATION FOR EMPLOYEE DEPENDENT TUITION ASSISTANCE PROGRAM
DEADLINE FOR FALL SUBMISSION: June 1ST
DEADLINE FOR SPRING SUBMISSION: November 15TH
*******RETURN TO: 1156 College Drive, Summit, MS 39666*******

Name: _____

Last
First
Middle
Maiden

Student ID# _____ Daytime Phone Number: _____ Cell: _____

Permanent Address: _____

Street, Route, Box
City
State
Zip Code

Email Address: _____

County of Legal Residence: _____ State of Legal Residence: _____ Legal Resident Since (date): _____

Date of Birth: _____ Major Field of Study: _____

Will you be a(n) (check one): *Academic Major* *Career/Technical Major*

Are you a high school graduate? Yes No Do you have a: Standard High School Diploma Certificate

Name of High School: _____ Year Graduated: _____ GPA: _____

Do you have a GED? Yes No Are you a returning SMCC student? Yes No

List all colleges and technical schools you have attended since high school and up to the present.

Name and Location of institution	Dates of attendance	Name while enrolled

Expected graduation or completion date from Southwest Mississippi Community College: (*month and year*) _____

Where will you live while enrolled at SMCC? Parent/Guardian Residence Hall Off Campus (not with parents)

Have you previously received any scholarship(s) at SMCC? Yes No

If yes, what kind? _____ **And when?** _____

I certify that all the information provided by me or any other person on this form is true to the best of my knowledge. I understand that this application does not guarantee me assistance. **I understand that no assistance will be given until my FAFSA and MTAG applications have been submitted and all necessary documents have been received.** I further understand that I must fully comply with all guidelines governing the requirements for this award.

Awards made to students receiving federal student aid may be limited based on Department of Education cost of attendance guidelines.

Signature of Student: _____ Date: _____

OFFICE USE ONLY:	Date Application Received: _____	
Federal Aid Awarded per year:	Type: _____	Amount: _____
State Aid Awarded per year:	Type: _____	Amount: _____
Institutional Aid Awarded per year:	Type: _____	Amount: _____
Performance Scholarships Awarded per year:	Type: _____	Amount: _____
Endowed Scholarships Awarded per year:	Type: _____	Amount: _____
COA:	Year: _____	Amount: _____
Comments: _____		

EMPLOYEE DEPENDENT TUITION ASSISTANCE PROGRAM

EMPLOYEE DEPENDENT ASSISTANCE PROGRAM PARTICIPANTS ARE SUBJECT TO THE FOLLOWING STUDENT QUALIFICATIONS:

1. Must be a full-time student
2. Must be a child or legal dependent of a current full-time SMCC employee
3. Must not have a college degree, unless otherwise specified, but must have a high school diploma or equivalent
4. Must attend within the first two years after earning high school diploma or GED
5. Must maintain an overall 2.0 or higher GPA on all college work

Awards may be renewed up to three subsequent semesters based on eligibility. Eligible students may receive up to \$500.00 per semester for a maximum of four semesters. This award is not available for summer term, dual enrollment, or dual credit programs. This benefit is not eligible to be refunded in the form of cash and will be reduced when actual college costs have been covered by other forms of financial aid.

This application should be submitted to Director of Financial Aid by June 1 prior to fall enrollment or November 15 prior to spring enrollment. Applicants must also complete the application for Federal Pell Grant at www.fafsa.ed.gov. MTAG applications may be completed at www.riseupms.com. **Application will not be considered nor awarded until the FAFSA has been completed and all required documentation has been submitted to the financial aid office.**