



MICHIGAN STATE UNIVERSITY
BLACK ALUMNI
— Est. 1980 —

MICHIGAN STATE UNIVERSITY BLACK ALUMNI, INC. SCHOLARSHIP APPLICATION FOR CURRENT MSU STUDENTS ACADEMIC YEAR 2018-2019

WELCOME SPARTANS! MSUBA is excited you have chosen to continue your education at Michigan State University, the nation's pioneer land-grant university. MSU is one of the top research universities in the world and is home to a diverse community of dedicated students and scholars, athletes and artists, scientists and leaders.

Michigan State University Black Alumni, Inc. (MSUBA), founded in 1980, is a 501(c)(3) corporation. We provide a limited number of scholarships to eligible students attending Michigan State University.

Scholarships are awarded in July for the Fall and Spring semesters. Fifty percent of the award is released for the Fall semester, and the other fifty percent is released for the Spring semester.

ELIGIBILITY CRITERIA:

1. An applicant **must meet all of the following criteria** in order to be considered for a scholarship:
 - Must have been involved in extracurricular activities relating to community service or have been employed while in school;
 - Must be a current MSU student for Fall 2018 or Spring 2019;
 - Must enroll at MSU for a minimum of 12 credits; and
 - Must demonstrate financial need (factors considered include parental income, number of dependent for whom parent(s) is responsible, parental and personal employment status, and other financial assistance. You must have a Free Application for Federal Student Aid (FAFSA) on file with MSU's Financial Aid office.
2. **Must submit the following documents with the completed application:**
 - Two (2) original** letters of reference signed and addressed to MSUBA, Inc.
 - All reference letters must be on official letterhead.
 - A minimum of two reference letter from a school official (ex: academic advisor, professor, employer).
 - Reference letters must be from non-family members.
 - Letters from family members will not be accepted.

SCHOLARSHIP RECIPIENT RESPONSIBILITIES:

- Must maintain an overall 2.7 GPA; students that fall below the 2.7 GPA are required to contact MSUBA for assistance.
- Must enroll and complete a minimum of 12 credits each semester; and
- Must perform 10 hours of documented community service each semester for which you are receiving scholarship assistance from MSUBA.

Mail to: MSU Black Alumni, Inc., ATTN: Scholarships, P. O. Box 26214, Lansing, MI 48909

Questions? Email: hendersonk713@gmail.com

Go Green! Go White! Go MSU!

MSUBA SCHOLARSHIP APPLICATION ACADEMIC YEAR 2018-2019

First Name:		Last Name:	
Street Address:			
City:		State:	Zip:
Phone:		Date of Birth:	
High School:	City:	State:	Zip:

MSU Email Address:		
Are you participating in a varsity sport while at MSU?	No	Yes
If yes, which sport?		

CURRENT EMPLOYMENT STATUS			
Employer:		Position:	
Work Address:		City:	State: Zip:
Supervisor's Name:		Phone:	
If not employed, did you work during the school year?		Yes	No
Employer:		Position:	
Supervisor's Name:		Phone:	
Street Address:		City:	State: Zip:

List **school related** activities/organizations you participated in while attending MSU. Include positions held, honors received, etc.

Freshman Year:
Sophomore Year:
Junior Year:
Senior Year:

List **non-school related** activities/service organizations you participated in while attending MSU. Include positions held, honors received, etc.

Freshman Year:
Sophomore Year:
Junior Year:
Senior Year:

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Date of MSU Enrollment:	Anticipated Graduation Date:
Current Major:	Parent/Guardian employed by MSU? Yes <input type="checkbox"/> No <input type="checkbox"/>

2017 HOUSEHOLD INCOME: (check one below)			
< \$30,000	\$30,000 to \$45,000	\$45,001 to \$60,000	> \$60,000

Do you have any other family members currently attending college?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, who and what college? Name:	College:	

ADDITIONAL FINANCIAL INFORMATION				
I will be receiving: (check all that apply) Scholarship Work Study Loans Grants				
Indicate the source and amount of financial assistance you have received or expect to receive. Please include contributions from family members.				
Name:	Relationship:	Contribution:		
Name:	Relationship:	Contribution:		
Name:	Relationship:	Contribution:		
Name:	Relationship:	Contribution:		
Name:	Relationship:	Contribution:		

Do you plan to seek employment while attending MSU?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Do you have a family member who has attended MSU?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please list name, address and phone number of all family members who have attended MSU.			
First Name:	Last Name:	Address:	
City:	State:	Zip:	Phone:

First Name:	Last Name:	Address:	
City:	State:	Zip:	Phone:

First Name:	Last Name:	Address:	
City:	State:	Zip:	Phone:

First Name:	Last Name:	Address:	
City:	State:	Zip:	Phone:

Are you a first generation college student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**1. WHY ARE YOU SEEKING A COLLEGE EDUCATION?
(Write 2-3 paragraphs and a maximum of 300 words total)**

2. WHAT ARE YOUR CAREER GOALS?

(Write 2-3 paragraphs and a maximum of 300 words total)

WHY SHOULD MSU BLACK ALUMNI AWARD YOU A SCHOLARSHIP?
(Write 2-3 paragraphs and a maximum of 300 words total)



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List the name, address and telephone number of three individuals who will be submitting letters of reference for you. Letters of reference should include the nature of association with applicant, length of acquaintance, applicant's personal qualifications which has made him/her successful at MSU, why applicant should receive a MSUBA scholarship.

Name:		Title:	
Mailing Address:			
City:	State:	Zip:	Phone:

Name:		Title:	
Mailing Address:			
City:	State:	Zip:	Phone:

Name:		Title:	
Mailing Address:			
City:	State:	Zip:	Phone:

I authorize MSUBA access to my MSU transcript and scholarship information while I receive endowment funding from the organization.

I agree to abide by the criteria as set forth for this scholarship. I agree that if I fail to meet all of the requirements as set forth by Michigan State University Black Alumni, Inc., I will forfeit this scholarship. I agree that funds will be transferred to my account at the University and that no monies will be provided me personally or any member of my family, etc. **I certify by my signature that all of the information provided is true and accurate.**

Applicant Name (Print)

Applicant Signature

Date