

## **SUPB Programming & Leadership Scholarship Application**

All application materials must be submitted by April 4, 2016, by 5 pm to be considered. Please return to the SUPB Office (S106 Memorial Student Union) in person.

Student ID Number:

**Student Information** 

Full Name:

Campus/Local Address:	
Campus/Local Dhone	(zip code <u>)</u>
Campus/Local Phone:	Email:
Permanent Address:	
Parent/Guardian name(s):	(zip code)
Academic Information	
Academic Major(s):	
Academic Minor(s):	
Current Cumulative/Adjusted GPA:	Credit hours earned:
Anticipated Graduation Date:	
with the Student Union Programming Board (SUP	ncademically and through your co-curricular involvement PB)? vill you do within the following year to better yourself What significant impact has SUPB had on you?
Activities, Honors & Awards  Please include with your application a typed resume include  • Any honors or awards you have received  • High school/college activities  • Leadership positions held  • Community/volunteer activities	ding the following:
Verification of Information/Academic Release My signature below verifies that the information containe knowledge. To be considered for the Student Union Progr Missouri to release my academic records to the members Signature:	ramming Board Scholarship, I authorize The University of



## **SUPB Programming & Leadership Scholarship Recommendation**

Recommendation for:					
		(full name)	(studen	(student ID number)	
Scholarship awarded a group and will continu applicant's progress to How long have you kno	nnually to boar e to do so for the ward their edu own this studer	rd members of SUPB he following year. So cational and co-currint?	_		
una omversity values.	Excellent	Above average	Average	Below average	Cannot evaluate
Respect	LACCHETT	Above average	Average	Delow average	Carriot evaluate
Responsibility					
Discovery					
Excellence					
Organization					
Interpersonal skills					
Motivation					
Perseverance					
Below, please provide curricular goals.	your candid ev	aluation of this stude	nt's progress tow	ard his/her education	nal and/or co-
Print your name:	Signature:		Date: Your phone number:		
Your address:					(zip code)

Please put this completed reference in a sealed envelope with the student's name on the front and your signature across the seal. Return the sealed envelope to the student for submission with his/her application. Thank you!