

RENEWAL APPLICATION

Name _____

INTEREST-FREE LOAN APPLICANTS completing this form should be students who in the past five years have received a loan from The Scholarship Foundation and are continuing their studies. Applicants must be permanent residents of the St. Louis metropolitan area (see listing below) for at least two years prior to the date of application. Eligibility requires enrollment in a degree program at an accredited college, graduate, professional, vocational or technical school. All fields of study, except ministry, are eligible for funding. The cumulative maximum that The Scholarship Foundation will loan to an individual is \$40,000.

Eligible Residential Areas for the Interest-Free Loan Program

- | Missouri | Illinois |
|-----------------------|---------------------|
| 1. St. Louis City | 1. Clinton County |
| 2. St. Louis County | 2. Jersey County |
| 3. Franklin County | 3. Madison County |
| 4. Jefferson County | 4. Monroe County |
| 5. Lincoln County | 5. St. Clair County |
| 6. St. Charles County | |
| 7. Warren County | |

DEADLINE: A completed, signed application and all supporting material (as described below) must be received or postmarked on or before April 15. If April 15 falls on a Saturday, Sunday or official holiday, the deadline will be extended to the next business day.

HOW TO APPLY

1. THE APPLICATION: Please type or complete in ink. Do not submit a photocopy. Answer all questions; leave no question unanswered. If a question does not pertain to you, write "not applicable" or "N.A.". All correspondence from the Foundation will be sent to your permanent address as indicated on the renewal application.

2. THE ACKNOWLEDGMENT CARD: Please address to yourself and affix postage. When your application is complete, the card will be mailed to you.

SUPPORTING MATERIALS

1. STUDENT AID REPORT: A photocopy of **all pages** of your Student Aid Report (SAR) must be submitted as part of your application. A photocopy of your Free Application for Federal Student Aid (FAFSA) is not acceptable. To obtain your Student Aid Report, complete and submit the FAFSA to an approved processor no later than **March 1**. Processing of the FAFSA takes between 4-6 weeks. *Your SAR will be mailed directly to you; please send a photocopy to the Foundation office.* If the Student Aid Report is received after April 15, it will be considered late. If you anticipate that you will be unable to provide the required Student Aid Report by the April 15 deadline date, you may submit an alternative needs analysis document. Visit our website, www.sfstl.org and go to the Student Homepage/Internet Resources to receive instructions on how to produce this alternative document.

Independent Students: To qualify as an independent student, you must meet one of the following criteria:

- Reach the age of 24 years by December 31 of the application year.
- Be an orphan or ward of the court.
- Be a veteran of the Armed Forces of the United States.
- Be a parent with legal dependents.
- Be married.
- Be a graduate or professional student

2. PERSONAL PARAGRAPH: If you are beginning a **NEW DEGREE PROGRAM** or have **CHANGED** programs since last year's application, please submit a short essay addressing how this degree program will help you achieve your career goals. If you are applying for funding as a **FIRST YEAR GRADUATE STUDENT**, please be aware that allocations for graduate students are limited. You must submit a short but compelling essay which describes how achievement of an advanced degree is necessary preparation for work in your current field of interest at this time.

3. OFFICIAL ACADEMIC TRANSCRIPTS: Request academic transcripts in writing from your current school and **retain proof of the request**. If you are not currently enrolled, request an academic transcript from your prior school of attendance. Please have the transcripts, including your fall grades, sent directly to the Foundation office. Instruct your school's transcript office to send the transcript immediately and **not** to wait for the posting of spring grades.

PLEASE NOTE: The responsibility for determining that your application is complete is yours. Any application not completed by the deadline will not be considered for funding.

The acknowledgment card will be mailed after all required items have been received. If you do not receive the card within a reasonable time, please call **The Scholarship Foundation office** to verify that your application and supporting materials have been received. Please feel free to call the Foundation office if you have questions concerning the renewal application or the renewal process. Applicants are awarded on the basis of financial need, character, and a minimum cumulative 2.0 GPA (on a 4.0 scale).

APPLICATION

Please type or complete this application in ink. A photocopy of the application is not acceptable. Deadline for all application materials is **April 15**. When April 15 falls on a Saturday, Sunday, or an official holiday, the deadline will be extended to the next business day. Please refer to the application instructions for the documents required to complete your application.

DATE: _____

STUDENT NUMBER: _____

1. Name _____ **2.** Social Security Number _____
Last First M.I.

3. Permanent Home Address _____
Street City and State Zip Code

4. School Mailing Address _____
Street City and State Zip Code

4a. Home Email Address _____ **4b.** School Email Address _____

5. Home Telephone Number () _____ **6.** School Telephone Number () _____ **7.** Age _____

8. Please list two local persons who will know your address after graduation and are authorized to disclose the address to us :

Name Street City State Zip Phone Number

Name Street City State Zip Phone Number

9. Describe any special circumstances in your home or family which affect your educational plans. Use additional pages as necessary.

Complete items 10 through 16 only if the information has changed since your original application:

10. Marital Status: Single Married Separated Divorced Widowed

11. Dependency Status: Dependent Independent Reason for change: _____

12. Employer: _____ **13.** Phone: () _____

14. Spouse: _____ **15.** Spouse Work Phone () _____

16. Dependents (number and age): _____

EDUCATIONAL PLANS

17. School currently attending: _____

18. School attending next year (if different): _____

19. Classification next year (freshman, sophomore, junior, senior, first year graduate, etc.) _____

20. Degree _____ 21. Major: _____ 22. Graduation Date: _____

23. Enrollment Status for next year: Full time (12 hours/semester) Part time: # of hours/semester _____ Summer: # of hours _____
 Studying Abroad CO-OP program Other _____

FINANCIAL INFORMATION

24. Current and anticipated financial aid resources:

	Current year-amount received	Amount expected next year (if known)
Federal Work Study		
Veteran or Social Security Benefits		
Supplemental Educational Opportunity Grant (SEOG)		
Charles Gallagher Student Financial Assistance Program (Missouri Grant)		
State of Illinois Monetary Award Program (MAP) Grant		
Pell Grant		
Scholarships/Grants (give name)		
Stafford Loan		
Perkins Loan		
OTHER (describe source)		

TOTAL _____

25. Anticipated employment income: summer _____ next year _____

26. Educational Debt (use additional sheets as necessary):

To whom owed	First payment due	Loan Balance

27. Consumer Debt (use additional sheets as necessary):

To whom owed	Purpose (please be specific)	Monthly Payment	Outstanding Balance

28. Amount of loan requested from **THE SCHOLARSHIP FOUNDATION** for next year: _____ Maximum amount loaned per year is \$6,000.

29. PROMISSORY NOTE

I hereby acknowledge that the sum of \$ _____ has been paid by The Scholarship Foundation to date for my benefit and on my behalf. I promise to repay the total amount according to the terms of our agreement.

Signature

Date

STUDENT CHECKLIST PLEASE SEND:

- APPLICATION
- ACKNOWLEDGMENT CARD
- STUDENT AID REPORT (all pages)
- PERSONAL PARAGRAPH, IF NECESSARY
- OFFICIAL ACADEMIC TRANSCRIPT(S)