



Crusader Cash

2015-2016 Application

Part I: To be Completed by the Applicant

Name: _____

(Last)

(First)

(MI)

ID Number: _____ Birth Date: _____ Gender: Male Female

(MM/DD/YYYY)

Permanent Address: _____

(Street)

(Apt. #)

(City)

(State)

(Zip)

E-Mail: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Please indicate the number of hours for which you plan to enroll in your graduating term:

Fall 2015: _____

Spring 2016: _____

Summer 2016: _____

(# of Hours)

(# of Hours)

(# of Hours)

Are you a graduating senior? (you must have applied for graduation to be eligible)

YES, and I have applied for graduation. My expected term of graduation is: _____ with a

BS in _____.

AS/AAS in _____.



Middle Georgia
State University

Crusader Cash

2015-2016 Application

Part II: Student Certification

I certify that I meet the student eligibility requirements as follows:

- I have completed the 2015-2016 FAFSA.
- I am a U.S. citizen or eligible non-citizen.
- I have exhausted all financial aid options.
- I am in my last semester leading to graduation and have applied for graduation.
- I am in Good Academic Standing with the University.
- I have, and must maintain, at least a 2.0 cumulative GPA.
- I agree to participate in at least 5 hours of service to the University. (opportunities for service are posted to the financial aid web site)
- I agree to write a donor thank you note under direction from the office of Financial Aid.
- **I have attached a statement (page provided) of intent of 500 words or less that details my financial need for this funding, academic plans at MGA, my future career plans, and my leadership or community service activities.**
- I certify that this application is correct and true to the best of my knowledge.

Student Signature

Date



Middle Georgia
State University

Crusader Cash

Legible Statement:



Middle Georgia
State University

Crusader Cash

2015-2016 Promise of Service to the University

To be Completed by the Recipient

Name: _____

(Last)

(First)

(MI)

ID Number: _____ E-Mail _____

Permanent Address: _____

(Street)

(Apt. #)

(City)

(State)

(Zip)

Home Phone: (____) _____ Cell Phone: (____) _____

Please list below the service to the University in which you plan to participate in during the term you receive aid under the Crusader Cash program. Volunteer opportunities can be found on the Financial Aid web site in the 'scholarships' link or you may contact Financial Aid directly.

Name of the Activity/Campus Location: (Please Print) _____

You will be contacted to fulfill your obligation.

CERTIFICATION

I certify that the information provided above is true and correct.

Signature

Date

