

2011-12 Diversity Grant Application

Name		UST ID #			
Street Address	City	!	State	Zip	Phone
Program:	1	l			
Bu Ps Ar	ducation usiness sychology ts and Sciences	S		Work e/Engine /	ering
Expected Enrollme	ent:				
Fall Semester credits Spring Semester credits Summer Semester credits					
Include with this fo	orm:				
A personal statement indicating your reasons for requesting the Diversity Grant. Please inform us of your diverse socio-economic background as well as hardships and/or obstacles that you have overcome to succeed in higher education.					
Eligibility:					
 You must be a U.S. Citizen or Resident Alien. You must complete the 2011-2012 Free Application for Federal Student Aid (FAFSA) and have your FAFSA results sent to St. Thomas (school code 002345) and demonstrate financial need. For priority consideration this form must be received by August 1, 2011 (Fall Semester) - January 1, 2012 (Spring Semester) - April 1, 2012 (Summer Term). 					
Signature					Date
Return this form to: University of St. Thomas Financial Aid Office, AQU 328 2115 Summit Ave St. Paul, MN 55105			For Financial Aid Use Only –A11000 Approved: Amount: \$ Denied:		

Phone: 651-962-6550 Fax: 651-962-6599 Denied: _____ Date:_____