2012-13 Diversity Grant Application

credits

credits

credits

Initials:

Date:

Name			UST ID #	
Street Address	City	State	zip	Phone

Program:

 _____Education
 _____Social Work

 _____Business
 _____Science/Engineering

 _____Psychology
 _____Divinity

 _____Arts and Sciences
 _____Divinity

Expected Enrollment:

Fall Semester Spring Semester Summer Semester

Include with this form:

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:

1. You must be a U.S. Citizen or Resident Alien.

Fax: 651-962-6599

- You must complete the 2012-2013 Free Application for Federal Student Aid (FAFSA) and have your FAFSA results sent to St. Thomas (school code 002345) and demonstrate financial need.
- 3. For priority consideration this form must be received by August 1, 2012 (Fall Semester) January 1, 2013 (Spring Semester) April 1, 2013 (Summer Term).

Signature			Date
Mail this form to:	University of St. Thomas Financial Aid Office, AQU 328 2115 Summit Ave St. Paul, MN 55105 Phone: 651-962-6550	Approv	ed: Amount: \$