



# 2013-14 Diversity Grant Application

Name		UST ID #		
Street Address	City	State	Zip	Phone

**Program:**

<input type="checkbox"/> Education	<input type="checkbox"/> Social Work
<input type="checkbox"/> Business	<input type="checkbox"/> Science/Engineering
<input type="checkbox"/> Psychology	<input type="checkbox"/> Divinity
<input type="checkbox"/> Arts and Sciences	

**Expected Enrollment:**

Fall Semester	_____ credits
Spring Semester	_____ credits
Summer Semester	_____ credits

**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.
2. You must complete the 2013-2014 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, 2013 (Fall Semester) - January 1, 2014 (Spring Semester) - April 1, 2014 (Summer Term).

Signature	Date
-----------	------

**Mail this form to:**  
 University of St. Thomas  
 Financial Aid Office, Mail 5007  
 2115 Summit Ave  
 St. Paul, MN 55105  
 Phone: 651-962-6550  
 Fax: 651-962-6599

**For Financial Aid Use Only –A11000**

Approved: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Denied: \_\_\_\_\_  
 Initials: \_\_\_\_\_ Date: \_\_\_\_\_