



2015-2016 DIVERSITY GRANT APPLICATION

Name			Student 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 | <input type="checkbox"/> M.S.L. in Compliance/U.S. Law |

Enrollment Plans:

List the number of credits you plan to take each term.

Fall 2015: _____ Spring 2016: _____ Summer 2016: _____

Personal Statement:

Include with this application a personal statement indicating your reasons for requesting the Diversity Grant. Share your diverse socio-economic background as well as hardships and/or obstacles that you have overcome to succeed in higher education.

Eligibility Requirements:

- You must be a U.S. Citizen or Eligible Non-Citizen.
- You must complete and submit the 2015-2016 Free Application for Federal Student Aid (FAFSA) to the University of St. Thomas (school code 002345) and demonstrate financial need.
- You must be admitted into an eligible program.
- For priority consideration your application must be received by the date listed that corresponds with the first semester you are enrolled in the 2015-2016 academic year.
 - **Fall Semester – August 1, 2015**
 - **Spring Semester – January 1, 2016**
 - **Summer Semester – April 1, 2016**

Signature (Original Signature Required)	Date
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Mail, fax, or
 deliver 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

-or-
 Deliver to: Graduate Financial Aid Office
 Terrence Murphy Hall, Suite 251
 1000 LaSalle Ave
 Minneapolis, MN 55403

For Financial Aid Use Only – A11000

Approved: _____ \$ _____

Denied: _____

Initials: _____ Date: _____