

ExploreU@MMU'17 TransAmerica Scholarship

Application for Low Income Students

Please circle one: Newcomer Returner Program Date: June 19-24 July 10-15 (Newcomers only)

STUDENT INFORMATION

Name _____
LAST FIRST M.I. PREFERRED FIRST NAME

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

School _____ Grade _____ Age _____

PARENT / GUARDIAN INFORMATION

Name _____
LAST FIRST RELATION TO STUDENT

Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Cell Phone (_____) _____

Email Address _____

FAMILY AND INCOME INFORMATION

With whom does the student live? Both parents Mother only Father only Grandparent(s)
 Foster family Legal guardian Other _____

Total Number of Persons Living in your house hold: _____

Please check student's household income range on the following scale that is reflected by your last year income.

<input type="checkbox"/> \$0 - \$16,754	<input type="checkbox"/> \$16,755 - \$22,694	<input type="checkbox"/> \$22,695 - \$28,634
<input type="checkbox"/> \$28,635 - \$34,574	<input type="checkbox"/> \$34,575 - \$40,514	<input type="checkbox"/> \$40,515 - \$46,454
<input type="checkbox"/> \$46,455 - \$52,394	<input type="checkbox"/> \$52,395 - \$58,335	<input type="checkbox"/> above \$58,336

My signature below indicates, to the best of my knowledge, that the information provided on this form is true, complete and accurate.

Parent/Guardian Signature _____ Date _____

Please mail completed form to: Mount Mercy University
ATTN: Dr. Elizabeth Kleiman
1330 Elmhurst Drive NE
Cedar Rapids, Iowa 52402-4797

