

**THE UNIVERSITY OF SOUTHERN MISSISSIPPI
WAIVER OF TUITION FOR DEPENDENT CHILDREN**

In order to be eligible for this scholarship, dependent children must: **1) be unmarried and less than 25 years of age, 2) be enrolled at least half-time, and 3) maintain good academic standing.** This scholarship is valid only for the *first* baccalaureate degree.

Academic Year: _____ Semester: _____

Student's Name: _____ Student's ID Number: _____

Date of Birth: _____

Classification: ___ Freshman ___ Sophomore ___ Junior ___ Senior

Which campus will he/she attend? ___ Hattiesburg ___ Gulf Park

Has he/she received this scholarship before: Yes/No If yes, when? _____

Name of Parent(s): _____ EMPL ID Number: _____

Name of Parent(s); _____ EMPL ID Number: _____

Signature of Parent(s) working at USM:

Parent Signature

Date

Parent Signature

Date

I hereby give permission to Human Resources to notify my parent should I become ineligible for this employee benefit.

Student Signature

Date

Return this completed form to Human Resource (Box 5111). The form must be returned by July 1 for Fall semester, December 1 for Spring semester, and May 1 for Summer semester.

FOR HR USE ONLY:

Employment Date(s): _____ Parent(s) Employed Full-Time: ___ Yes ___ No

Student Eligible for: ___ Full Scholarship Award ___ Half Scholarship Award

Date received: _____ Date Entered: _____ Entered By: _____