

Summer 2019
MU Scholarship Request Form
May 13 – August 17
(F9SAPP)



Marquette University, Office of Student Financial Aid
P.O. Box 1881
Milwaukee, WI 53201-1881
Email: marquettecentral@marquette.edu
Website: marquette.edu/mucentral/
Tel: (414) 288-4000

DIRECTIONS:

- 1) You must be registered for the Summer Term prior to submitting this form.
- 2) Complete and upload this form using Document Upload found in Financial Aid Quick Links in [CheckMarg](#). You can also return this form in person to Zilber Hall, Suite 121 or mail to Marquette Central, Office of Student Financial Aid, P.O. Box 1881, Milwaukee, WI 53201-1881.
- 3) Results from review of your Summer 2019 MU Scholarship Request Form will be emailed to your eMarq email account.

Name: _____ () MU ID #: _____
Last First M.I.

Scholarship Request Information (Please Complete all questions)

1. Are you a Père Marquette or College Competition scholarship recipient? ☐ Yes ☐ No
 - a. If No, you are not eligible to complete this form.
 - b. If Yes, do you want to use up one semester of your eligibility as one prorated semester of your Scholarship toward summer tuition? ☐ Yes ☐ No

NOTE: If you answered "Yes" to 1b, the scholarship will count toward your eight semesters of eligibility. Prorated scholarships **cannot** be adjusted after the summer term (i.e. they cannot be cancelled or reversed at a later date to allow for another semester of eligibility).

2. Anticipated MU graduation date: Month _____ Year _____
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Certification Statement (please read before signing):

I understand that by requesting a prorated scholarship for the summer term, I am using an equivalent of one semester of my eight semesters of eligibility. I will inform the Office of Student Financial Aid of changes in my enrollment status, and I understand that my scholarship may be adjusted accordingly.

MANUALLY SIGN WITH A BALLPOINT PEN.

FORMS WITH DIGITAL/ELECTRONIC/TYPED SIGNATURES CANNOT BE ACCEPTED AND WILL BE RETURNED*

Signature: _____ Date: _____