

**ORM20**

**ORR-RUSSWURM MEMORIAL SCHOLARSHIP APPLICATION 2019/2020**

The Orr-Russwurm Memorial scholarship is preserved exclusively for the purpose of providing assistance to deserving students whom are planning a full or part-time career in Christian Missionary Work. The amount will vary annually based on eligibility of funds.

<b>Student's First Name:</b>	<b>UMMC ID (i.e. 300123456)</b>
<b>Student's Last Name:</b>	<b>UMMC Email:</b>
<b>School: ( ) Medical ( ) Dental ( ) Nursing ( ) SHRP</b>	<b>Enrollment: ( ) Full-Time ( ) Half-Time ( ) Less than HT</b>
<b>19-20 FAFSA: ( ) Completed ( ) In progress</b> <b>Note: You must have a FAFSA to be considered for this aid type</b>	

**Instructions:** To be considered for this aid you must submit verifiable proof of previous or current Christian Missionary work experiences. Verifiable proof must include a letter written on letterhead from a supervisor or person in charge of the Missionary work. In addition, a summary of future plans of obtaining a full or part-time career in Christian Missionary work should be included. Attach both documents to this form.

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

**Required Signature**

I certify that all information reported on this form is true, complete and accurate. **I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.**

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Return this form to:  
**The University of Mississippi Medical Center**  
**Office of Student Financial Aid**  
**2500 North State Street**  
**Jackson, MS 39216**  
[financialaid@umc.edu](mailto:financialaid@umc.edu) Print your Name and Student ID Number on All Documents. See <http://myv.umc.edu> for your Financial Aid Status

**OFFICE USE ONLY**

\_\_\_\_\_ Acceptable Documentation Submitted                      \_\_\_\_\_ Unacceptable Documentation Submitted (notify student)