

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

In order to be eligible for this scholarship, dependent children must: **1) be less than 26 years of age, 2) be enrolled at least half-time, and 3) maintain good academic standing.** This scholarship is valid only for the *first* degree at The University of Southern Mississippi.

Aid 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: \_\_\_\_\_