MICHAEL SCOTT CANNON SCHOLARSHIP
APPLICATION

BEFORE COMPLETING THIS APPLICATION, PLEASE READ THE FOLLOWING REQUIREMENTS:

❑ Entering freshman or a current student at Dixie State University
❑ Enrolled Full-time in a degree program with a GPA of 2.0 to 3.75
❑ Resident of Washington County, in Utah
❑ Student who has overcome a life challenge, such as substance abuse (personally or growing up with a parent with substance abuse)
❑ Scholarship awards are determined based on eligibility and availability of funds

PART I

Dixie State University Student ID # __________________________ (required)

Last Name: ___________________________ First Name: ______________________ Middle Initial: _____

Date of Birth: _________________________ Email address: __________________________

Mailing Address: ____________________________

City: ____________________________ State: ___________ Zip: ___________

Home Phone Number: ______________________ Alternate/Cell Phone Number: ____________________

High School Attended: __________________________ Year of Graduation: ___________

Year in College: Freshman: ____ Sophomore: ____ Junior: ____ Senior: ____ Current GPA: ___________

Declared Major: ________________________ Bachelors Program: ____ Associate Degree: ____ Other: ________

PART II

Are you currently receiving any other scholarships from Dixie State University? Yes ____ No _____

If yes, please list name/s of scholarship and dollar amount __________________________

Are you currently receiving Federal Financial Aid or state tuition assistance? Yes ____ No _____

Are you a “Non-Traditional Student”? (Over the age of 24) Yes ____ No _____

Are you a Single Parent? Yes ____ No ____ Ages of Dependent Children __________________________

Deadline April 15th
PART III

Written Essay

Briefly describe yourself and why you believe you would be a good candidate for this scholarship. Explain your life challenges and/or your financial need. What type of service have you participated in that qualifies you for consideration? Is there any information not collected on this application that you would like us to know about you?

Please attach a one page type written paper with this application

____________________________________________________________________________________

I understand that this application does not guarantee an award offer, but is only used in consideration of one.

I have read the instructions and certify that the above information provided in this application is true and correct to the best of my knowledge. I also declare that if I attend DSU, I will abide by the academic, scholastic and social standards of the university.

I hereby authorize the scholarship office to release this application and attached documentation, including GPA, to scholarship search committee.

Signature_______________________________________________ Date_______________________

Application Completion Checklist:

☒ Completed application: neat, legible and written or typed in black ink, Signed and dated
☒ Submitted on or before April 15th deadline (if mailed, must be postmarked by April 15th)
☒ Written Essay attached

Submit your completed application to:

Joni Hale
DSU Assistant Director of Scholarships
225 South University Ave
St George, UT 84770