



FINANCIAL AID OFFICE  
 518 W. Locust Street ■ Davenport, Iowa 52803  
 563/333-6314 ■ fax 563/333-6321

## Undergraduate Alumni Grant Application

*The Undergraduate Alumni Grant is for students who have previously graduated with either a master's or bachelor's degree from St. Ambrose University.*

*You must be attending **undergraduate** courses and it must be three years from your earliest graduation date before you will qualify for this grant.*

### Student Information

*please print*

Name \_\_\_\_\_ SAU student ID# \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street Apt. no. City State Zip

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Place of employment (if any) \_\_\_\_\_

Have you ever registered for credit hours at St. Ambrose?  yes If yes, when was your last semester? \_\_\_\_\_  no

Are you an alumnus of St. Ambrose University?  yes Graduation date \_\_\_\_\_ Degree earned \_\_\_\_\_  no

I have read and fully understand the policy statement provided. I understand that any deception on my part in the information I have supplied above would obligate me to repay St. Ambrose University for any Alumni Grant assistance I receive. I understand that any intentional deception on my part will disqualify me for this tuition assistance and for other institutional aid from St. Ambrose in the future. I also understand all financial aid regulations apply to this assistance.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only

Semester Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Credit hours enrolled \_\_\_\_\_

Amount approved \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Alumni  yes If yes, date of degree \_\_\_\_\_ Degree earned \_\_\_\_\_

no If no, denied \_\_\_\_\_ Remarks \_\_\_\_\_

Verified by \_\_\_\_\_

Recipients of the Alumni Grant receive 50% discount on all undergraduate courses.

Award fund code: 426