

# ExploreU@MMU'15 TransAmerica Scholarship

## Application for Low Income Students

### STUDENT INFORMATION

Name \_\_\_\_\_  
LAST
FIRST
M.I.
PREFERRED FIRST NAME

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

Name \_\_\_\_\_  
LAST
FIRST
RELATION TO STUDENT

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

### FAMILY AND INCOME INFORMATION

With whom does the student live?     Both parents     Mother only     Father only     Grandparent(s)  
     Foster family     Legal guardian     Other \_\_\_\_\_

Total Number of Persons Living in your house hold: \_\_\_\_\_

Please check student's household income range on the following scale that is reflected by your last year income.

	<input type="checkbox"/> \$0 - \$16,754	<input type="checkbox"/> \$16,755 - \$22,694	<input type="checkbox"/> \$22,695 - \$28,634
	<input type="checkbox"/> \$28,635 - \$34,574	<input type="checkbox"/> \$34,575 - \$40,514	<input type="checkbox"/> \$40,515 - \$46,454
	<input type="checkbox"/> \$46,455 - \$52,394	<input type="checkbox"/> \$52,395 - \$58,335	<input type="checkbox"/> above \$58,336

*My signature below indicates, to the best of my knowledge, that the information provided on this form is true, complete and accurate.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed form to: Mount Mercy University  
 ATTN: Dr. Elizabeth Kleiman  
 1330 Elmhurst Drive NE  
 Cedar Rapids, Iowa 52402-4797



# ExploreU@MMU'15

## World of Technology

### REGISTRATION FORM

#### STUDENT INFORMATION

Name \_\_\_\_\_  
LAST FIRST M.I. PREFERRED FIRST NAME

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

#### PARENT / GUARDIAN INFORMATION

Name \_\_\_\_\_  
LAST FIRST RELATION TO STUDENT

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

#### PAYMENT INFORMATION

Program Cost: \$60.00 (Make check payable to Mount Mercy University)

Please mail completed form and check to: Mount Mercy University  
ATTN: Dr. Elizabeth Kleiman  
1330 Elmhurst Drive NE  
Cedar Rapids, Iowa 52402-4797

#### QUESTIONS? NEED MORE INFORMATION?

##### Contact:

**Dr. Elizabeth Kleiman**  
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ekleiman@mtmercy.edu

**Dr. Jitka Stehnova**  
319-363-1323 ext. 1231  
jstehnova@mtmercy.edu



**Be valued.**