

First Name

Non-Resident Scholarship Application Form

This form is ONLY for students who have **EXHAUSTED** their VA Education Benefits while attending the University of Mississippi.

This form must be completed **EACH TERM** you wish to receive the scholarship. Please **TYPE** this form. Email to VMS at veterans@olemiss.edu.

Last Name

Student ID	Student Email
Term	Year
By signing below, I acknowledge:	
Mississippi and have been con	nly to students who have utilized VA Education Benefits at the University ntinuously enrolled (Fall and Spring) after exhausting their benefits ng this form EACH TERM I wish to receive this scholarship must approve all applications
Student Signature:	
Date:	
	Office Use Only
Certifying Official: Verify the exhausted	d file/transcript, approve, and submit.
Submitted Term(s):	Circle: Dependent Veteran
Approved:	Date:

Revised April 2025