

**Diffenbaugh Grant Application**  
**Office of Financial Aid, Baker University**  
**P.O. Box 65, Baldwin City, KS 66006-0065**

This fund is a trust fund for deserving students from Missouri who attend Baker University. Students can receive the grant for a maximum of 3 years. In order to be considered, a student cannot have a grade of "F" on the transcript.

Please return the **completed** application to the Office of Financial Aid at Baker University.  
A **completed** application includes the following:

- 1) One page statement of educational goals
- 2) Unofficial transcript

If you have questions concerning the application, please call (785) 594-4595

**DIFFENBAUGH APPLICATION**

I hereby apply for a \$500 Diffenbaugh Grant and submit the following information:

UNIVERSITY	ACADEMIC YEAR	CLASSIFICATION OF APPLICANT
<u>Baker</u>	_____	_____
		(fresh., soph., jr., sr.)

CHECK ONE:    First-time application    Renewal application

1. Name in full \_\_\_\_\_
  2. Date of birth \_\_\_\_\_
  3. Home address \_\_\_\_\_
  4. Resident of Missouri since \_\_\_\_\_
  5. Are both of your parents living? \_\_\_\_\_
  6. Name of father \_\_\_\_\_  
    Address \_\_\_\_\_
  7. Name of mother \_\_\_\_\_  
    Address \_\_\_\_\_
  8. Do you live with your parents? \_\_\_\_\_
- How many in family are dependent on your parent(s) support? \_\_\_\_\_
- Is it your purpose to graduate from Baker University? \_\_\_\_\_
- When? \_\_\_\_\_

Remember to attach:

- 1) Statement of educational goals
- 2) Unofficial transcript