

MILLIKIN UNIVERSITY

The Linda Slagell Student Success Fund

The Linda Slagell Student Success Fund was established by members of Millikin's enrollment division and friends in honor the good work of their colleague, Linda Slagell. For over 20 years, Linda has served as a mentor and guide for Millikin students in her varying roles across campus. Her belief that all students have the ability to succeed given proper guidance and resources is the spirit in which this fund was created.

PHILOSOPHY

The Slagell Success Fund is intended to provide financial assistance for undergraduate full-time students who, without the funds, could not persist with their education at Millikin. The funds can be used by the student for any direct or indirect educational expenses and are not intended to replace traditional federal, state or University financial aid. The funds are provided to qualified students with no repayment expectations. The amount of funds available to award each year will be determined by the annual earnings from the endowed fund and can be carried forward from year to year.

ELIGIBILITY

All full-time, degree-seeking, undergraduate students who are in good standing with the University are eligible to apply for support from the fund. Good standing is defined for this purpose as students who are maintaining a 2.0 GPA and are making satisfactory progress toward their degree.

PROCESS

Students who find themselves in need of funds should complete an application, indicating the reason for the need and intended use of the funds. Applications can be obtained from Student Development. Upon completion of the application, the student shall make an appointment to personally speak with the Director of Student Success who will then make a recommendation for approval by the Dean of Student Development. The recommendation should include a desired amount of funds being requested. Upon approval by the Dean of Student Development, the application is forwarded to Student Financial Services for disbursement of funds.

OFFICE OF STUDENT DEVELOPMENT

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Name: _____

Student ID: _____ Contact Phone #: _____

Are you currently employed? YES or NO

If so, who is your employer? _____

Amount of assistance you are requesting? \$ _____

Please attach a one page summary that explains your situation and the reason assistance is needed. Include any documentation that may support your request.

FOR OFFICE USE ONLY

Approved _____ Denied _____ Amount \$ _____

Reason for approval/denial:

University Employee Signature/Title

Date