

SCOTT ALLEN CHILDRESS MEMORIAL SCHOLARSHIP

An annual scholarship in the amount of \$500 will be offered to a graduating senior from Knox County R-1 High School for the purpose of continuing his/her education. The award will not be renewable during the subsequent years of post-secondary education or training.

The recipient of this scholarship is free to select any accredited post-secondary institution of learning. The scholarship will be paid directly to the recipient after proof of maintaining a 2.5 GPA for the first semester of study.

In the event the scholarship winner does not enroll in a post-secondary institution of learning as planned, does not stay through one semester of study, or does not maintain a 2.5 GPA the scholarship will not be issued.

Applicants should apply by filling out, or electronically duplicating the attached application. A **typed application** should be returned to the counselor's office by **March 15th**.

SCOTT CHILDRESS MEMORIAL SCHOLARSHIP APPLICATION

Section I. Information to be supplied by Applicant

FULL LEGAL NAME:

DATE OF BIRTH:

NAME OF PARENT/GUARDIAN:

ADDRESS OF PARENT:

OCCUPATION OF FATHER _____ **MOTHER** _____

NUMBER OF SIBLINGS OLDER THAN YOU _____ **YOUNGER** _____

In the space below, summarize your school/community activities. [List membership in organizations and offices held, along with any employment:]

College you plan to attend:
Please list educational plans:

Entry Date

Anticipated college expense first year:

Your personal contribution toward college expense:

Known financial assistance and scholarship amounts:

Please provide a projection of what you will be doing five years from now, including type of employment and/or education and location:

The Applicant herewith consents that the Scholarship Selection Committee be fully informed as to the Applicants scholastic standing, character, and other factors having a bearing on this application.

Signature of Applicant

Upon completion of Section I of this application, please present this to your principal or counselor for his/her certification.

Section II. Information to be supplied by Principal or Counselor

This is to certify that the above applicant ranked _____ on the first seven semesters of work in a class of _____ seniors. The following college aptitude test has been taken under the Missouri Statewide Testing Program:

<u>Name of Test</u>	<u>Form No.</u>	<u>Percentile Rank</u>	<u>Date Tested</u>
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The Committee would appreciate a brief statement concerning your evaluation of the applicant's citizenship and worthiness for scholarship consideration. Thanks.

Dated this _____ day of _____, 20__.

Knox County Principal/Counselor