

February 22, 2016

TO: High School Counselors
Missouri Western Counselors

FROM: Andrew County Extension Office

Dear Counselors:

Scholarship applications are now available for the Natalie Thompson-Clizer Memorial Scholarship. Please inform your high school seniors and eligible students of this scholarship.

The purpose of this scholarship is to assist a needy Andrew County resident to continue his/her professional development through enrollment in undergraduate college courses.

The amount of the award will be \$200. The scholarship committee will evaluate the applications on the basis of need, completeness, clarity, student potential and appropriateness. The award must be used in year awarded.

An applicant must be an Andrew county resident pursuing undergraduate credits in an approved Missouri College or University, and must show a need for financial assistance. First preference will be given to those enrolled in a humanitarian course of study. All else being equal, preference will be given to those enrolling at Missouri Western State University.

Additional application blanks may be photocopied or obtained through the Andrew County Extension Center, PO Box 32, Savannah, MO 64485, or by calling 816-324-3147.

Deadline for submission of applications is April 1st.

Jim Humphrey
County Program Director

Enclosures

**APPLICATION FOR THE
NATALIE THOMPSON-CLIZER MEMORIAL SCHOLARSHIP**

NAME: _____

MAILING ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

EDUCATION:

High School _____ **Graduation Date** _____

College _____ **Hours Completed** _____

GPA _____ **Class Ranking** _____

DATE SCHOLARHIP WOULD COMMENCE: _____

COMMUNITY ACTIVITIES: (List organizations, offices held, chairmanships, honors received, etc. Use additional sheets if necessary.)

SCHOOL ACTIVITIES: (List offices held, organizations, honors received, contests participated in with results, etc. Use additional sheets if necessary.)

PROPOSED PLAN OF COLLEGE STUDY:

COLLEGE YOU PLAN TO ATTEND/OR PRESENTLY ATTEND:

ANTICIPATED COLLEGE EXPENSES: (Itemized)

ANTICIPATED INCOME: (List sources and amounts)

FAMILY INFORMATION: Number of children in family _____. Number of family members in college or other schools of higher education _____.

APPLICANT'S COMMENT: (Include information as to financial need)

(Applicant's Signature)

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COUNSELOR'S COMMENT: (Completed by school counselor or well acquainted, non-family individual)

(Signature & Title)

***RETURN TO: Scholarship Committee, Andrew County Extension Center, PO Box 32, Savannah, MO 64485**