

**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**