

**NATALIE THOMPSON-CLIZER MEMORIAL SCHOLARSHIP
APPLICATION**

GENERAL INFORMATION

Name _____

Mailing Address _____

Home Phone _____ Cell Phone _____

E-mail Address _____

EDUCATION

High School _____ Graduation Date _____

College _____ Hours Completed _____

GPA (on a 4.0 scale) _____ Class Ranking _____

Date scholarship would commence _____

Proposed plan of college study _____

College you plan to attend or presently attend _____

FAMILY INFORMATION

Number of children in family _____

Number of family members in college or other schools of higher education _____

FINANCIAL INFORMATION

Anticipated college expenses (Itemized)

Anticipated income (List sources & amounts)

COMMUNITY ACTIVITIES

(Use additional sheets if necessary)

SCHOOL ACTIVITIES

(Use additional sheets if necessary)

HONORS & AWARDS RECEIVED

(Use additional sheets if necessary)

APPLICANT'S COMMENTS

(Include information as to financial need)

Applicant's Signature

COUNSELOR'S COMMENTS

(Completed by school counselor or well acquainted, non-family individual)

Signature & Title

RETURN TO:

Andrew County Extension Center
Scholarship Committee
PO Box 32
Savannah, MO 64485