

**2017-2018 MAWD Scholarship Application**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY AND STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**HIGH SCHOOL:** \_\_\_\_\_ **GRADUATE YEAR:** \_\_\_\_\_

**GPA:** \_\_\_\_\_ **CLASS RANK:** \_\_\_\_\_

**EDUCATIONAL INSTITUTION ATTENDING** \_\_\_\_\_

**COURSE OF STUDY:** \_\_\_\_\_

**For MAWD members:**

1. Must be a MAWD member in good standing for two consecutive years.
2. Must submit a one page or less justification for the course of study.
3. The educational institution must be approved by the Department of Elementary and Secondary Education
4. GPA must be 2.50 on a 4.00 scale and 3.25 on a 5.00 GPA Scale, or for a first time student, a letter of acceptance.
5. A transcript from high school or the educational institution you are attending.
6. Please provide the name, address and phone number of the financial aid person at the school you will be attending for payment.
7. Only apply once in a five year period.

**For children or spouse of a MAWD member:**

1. Parent or spouse must be MAWD member in good standing for two consecutive years
2. Must submit a one page or less justification for the course of study.
3. The educational institution must be approved by the Department of Elementary and Secondary Education
4. GPA must be 2.50 on a 4.00 scale and 3.25 on a 5.00 GPA Scale, or for a first time student, a letter of acceptance.
5. A transcript from high school or the educational institution you are attending.
6. A letter of recommendation from a non-family member.
7. Please provide the contact name, address and phone number of the financial aid person at the school your child or spouse will be attending for payment.
8. Only apply once in a five year period.

**Please submit the materials that are listed above along with this application to:**

Tracy Polk  
2900 E. Sunshine  
Springfield, Mo 65804  
[tpolk@springfieldmo.gov](mailto:tpolk@springfieldmo.gov)  
p (417) 887-4343

**Deadline: Mailed with postmark no later than April 12<sup>th</sup>, 2018**

\_\_\_\_\_  
Signature of MAWD member

\_\_\_\_\_  
Printed Name of MAWD member

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer Address