

2018 - 2019 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 ACCREDITED.
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. ANY PAST SCHOLARSHIP WINNERS CAN ONLY APPLY ONCE IN A FIVE-YEAR PERIOD.
8. THERE ARE NO RESTRICTIONS ON MULTIPLE FAMILY MEMBERS APPLYING FOR A SCHOLARSHIP.

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 ACCREDITED.
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. ANY PAST SCHOLARSHIP WINNERS CAN ONLY APPLY ONCE IN A FIVE-YEAR PERIOD.
9. THERE ARE NO RESTRICTIONS ON MULTIPLE FAMILY MEMBERS APPLYING FOR A SCHOLARSHIP.

PLEASE SUBMIT THE MATERIALS THAT ARE LISTED ABOVE ALONG WITH THIS APPLICATION TO:

TRACY POLK
 2900 E. SUNSHINE
 SPRINGFIELD, MO 65804
TPOLK@SPRINGFIELDMO.GOV
 P (417) 887-4343
DEADLINE: MAILED WITH POSTMARK NO LATER THAN MARCH 8TH, 2019

 SIGNATURE OF MAWD MEMBER PRINTED NAME OF MAWD MEMBER RELATIONSHIP TO APPLICANT

 EMPLOYER EMPLOYER ADDRESS