

**GASCONADE COUNTY R-2 HIGH SCHOOL
LOCAL SCHOLARSHIP APPLICATION**

Please Type or Print in ink

Name in Full: _____

Social Security Number: _____ Date of Birth: _____

Name of Parents/Guardians: _____

Permanent Address
of Parents/Guardians: _____
(Street, Route, or P.O. Box)

_____ (Town) _____ (Zip Code)

Parents/Guardians Home Phone Number: _____

Father's Occupation and Employer: _____

Mother's Occupation and Employer: _____

Number of brothers/sisters in your family: _____ (older) _____ (younger)

Number of dependent family members attending college full time: _____

Is your father or step-father a MasterMason? _____

Did you attend the Gerald Elementary School? _____ No. of Years _____

E-mail Address: _____ Student Cell Phone: _____

Students applying for the Frank & Elizabeth Schafer Scholarship and the L enauer Family/Custom Printing Scholarship must attach three written letters of recommendation. Remember no teacher or employee of the R-2 District is acceptable. Also relatives are not acceptable. L enauer Family and Alumni Scholarship applicants should also submit a Student Aid Report from the FAFSA for the need based consideration. Students **will not** be considered for a scholarship if the application and other required documentation is not complete.

What college or post-secondary institution do you plan to attend?

Where is it located? _____

Have you been accepted for admission? _____

Date you expect to enter: (month-year) _____

Do you plan to commute from home? _____

Do you plan to live in a dormitory? _____

What major are you pursuing? _____

What type of degree are you pursuing? _____

Have you visited the college of your choice? _____

Have you received any other scholarship at this point? If so, please list the scholarship and the dollar amount.

Are you an A+ student? _____

Do you plan to use A+ tuition money? _____

If no, please explain:

What financial planning have you made in meeting the anticipated expenses of attending college?

How much money have you saved toward your education?

Summer savings	\$ _____
Other savings & assets	_____
Contributed by parents	_____
Gifts from relative or friends	_____
Loans by parents	_____
Any other loans	_____
Part-time job earnings	_____
Veterans Benefits of any kind	_____
Scholarships	_____
Any other income or resources	_____
Total	\$ _____

How much will it take in total to finance one year of college? Please list your anticipated expenses for the school year.

Tuition and fees	\$ _____
Books and supplies	_____
Board	_____
Room	_____
Clothes	_____
Incidentals (haircuts, laundry, etc.)	_____
Recreation	_____
Miscellaneous	_____
Others (please identify)	_____
_____	_____
_____	_____
Total	\$ _____

List school clubs and organizations which you have been a member of during high school. List any office which you have held. (i.e. FBLA, DECA, NHS, Band, Troubadours, Play)

CLUB/ORGANIZATION	GRADE				OFFICE HELD or OTHER RECOGNITION
	9	10	11	12	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

List the sports you have been involved in and how many years:

SPORT					SPECIAL HONORS
	9	10	11	12	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

List any other club or organizations (outside of school) in which you are or have been a member. Indicate for how many years and if you were an officer. (Example - 4-H, Boy's Scouts, Girls Scouts, church organizations)

Are you an Eagle Scout?

Gasconade County Fair Scholarship Only Explain any past involvement in the Gasconade County Fair. (4-H and/or FFA Exhibitor, Education Department, etc.)

Community Service – List any community service and write a few sentences about what community service means to you.

I have been informed of the procedure for making application for local scholarships at the Gasconade County R-II High School. I understand that scholarships will be given on a non-discriminatory basis and according to the rules and regulations as approved by each scholarship

I further understand that I will abide by the final decision of the selection committees. I understand if I become a recipient of one of the

local scholarships I will be required to attend the Academic Award Night held in the spring. Failure to attend could cause the scholarship to be revoked. I hereby certify that the information which has been provided is true to the best of my knowledge. I understand that any person who knowingly makes a false statement or representation on this form shall be subject to disqualification.

Signature of Applicant

To be supplied by the Guidance Office: Number of days missed by student, grade nine through twelve.

(*note any unusual or excessive absents)

	ninth	tenth	eleventh	twelfth
Discipline/ISS				

Number of seniors in graduating class: _____

Class Rank: _____ GPA _____

ACT SCORE: _____ Composite _____ Percentile _____

Dated this _____ day of _____, 20_____.

Counselor