MICHAL FLOTTMAN SCHOLARSHIP APPLICATION

NAME ------------------------------------------------------

SEX M F

ADDRESS --------------------------------·CITY ZIP

DATE OF BIRTH SOCIAL SECURITY # PHONE NO.

NAME OF PARENT ---------------------------- ----------------------- FATHER'S OCCUPATION -------------------------------------------------­ MOTHER'S OCCUPATION-------------------------------------------------­

PARENTS' GROSS INCOME AS SHOWN ON LAST YEARS FED. TAX RT.

NUMBER OF BROTHERS/SISTERS ATTENDING COLLEGE NEXT YEAR NUMBER OF THOSE STILL IN THE HOME. (Do not count yourself.)

AND THE

WHAT COLLEGE DO YOU PLAN TO ATTEND? -----------------------------------­

WHAT IS YOUR INTENDED MAJOR FIELD OF STUDY? ----------------------------

HAVE YOU RECEIVED OTHER SCHOLARSHIPS/GRANTS?

(Include the value of each.)

IF SO PLEASE LIST.

ARE THERE CIRCUMSTANCES WHICH MAKE YOUR FINANCIAL NEEDS GREATER THAN OTHER APPLICANTS? IF SO, PLEASE EXPLAIN BELOW.

PLEASE LIST WORK EXPERIENCES ------------------------------------------

ON A SEPARATE SHEET OF PAPER PLEASE LIST THE FOLLOWING: HONORS RECEIVED, SCHOOL RELATED ACTIVITIES WHICH YOU HAVE PARTICIPATED IN, CHURCH AND COMMUNITY ACTIVITIES WHICH YOU HAVE PARTICIPATED IN, AND A SHORT STATEMENT ABOUT YOUR FUTURE PLANS.

I AM A CURRENT RESIDENT OF MORGAN COUNTY. YES NO

SIGNATURE OF THE APPLICANT ------------------------------------------

==========================================================================

THE FOLLOWING IS TO BE COMPLETED BY THE HIGH SCHOOL PRINCIPAL OR COUNSELOR.

STUDENTS CURRENTLY ENROLLED IN COLLEGE SHOULD ATTACH A CURRENT TRANSCRIPT AND COMPLETE THE FOLLOWING AS OF GRADUATION FROM HIGH SCHOOL.

===========================================================================

THIS IS TO CERTIFY THAT THE APPLICANT IS RANKED IN A CLASS OF STUDENTS AT THE END OF THE 7th or 8th SEMESTER. GPA (END OF 7TH or

8th SEM.) (Please circle the appropriate semester.)

PLEASE LIST TEST RESULTS (ACT/SAT)

PLEASE ENCLOSE A COPY OF THE STUDENTS TRANSCRIPT AS OF THE END OF THE 7TH

or 8th SEMESTER.

NAME OF HIGH SCHOOL

ADDRESS OF HIGH SCHOOL ---------------------------------------------- NAME OF HIGH SCHOOL PRINCIPAL ------------------------PHONE NO. NAME OF HIGH SCHOOL COUNSELOR PHONE NO, SIGNATURE OF SCHOOL OFFICIAL COMPLETING THIS FORM.

=========================================================================== PLEASE RETURN THIS APPLICATION TO THE ADDRESS BELOW. APPLICATIONS MUST BE RECEIVED BY NOON, JUNE 1.

Applications which are incomplete may not be considered.

MICHAL FLOTTMAN SCHOLARSHIP FUND

25 WILHELM DR.

VERSAILLES, MO 65084