

**MICHAL FLOTTMAN SCHOLARSHIP FUND
25 WILHELM DR.
VERSAILLES, MISSOURI 65084**

Dear Prospective Applicant:

The Scholarship Committee of the Michal Flottman Trust welcomes and encourages your interest in higher education. Miss Flottman, a longtime Morgan County resident, valued education so much that, when she died, she left a living legacy to promote the educational goals of students.

The committee welcomes applications from those currently enrolled in college as well as graduating high school seniors who are working towards an undergraduate degree. Scholarship awards will be in a minimum amount of \$500.00. Various criteria including academic record, course of study, financial need, school and community involvement and work experiences will be considered by the committee when reviewing applications. APPLICANTS MUST BE RESIDENTS OF MORGAN COUNTY.

Applications must be received by noon, June 1. Finalists will be notified within two weeks by phone. Regardless of whether you receive scholarship money this year, we strongly encourage you to apply again since available funds will vary from year to year. We very much appreciate your interest in the Michal Flottman Scholarship Program, and we wish you nothing but the best in your future endeavors.

Married applicants should supply information concerning themselves and their spouse rather than parents.

MICHAL FLOTTMAN SCHOLARSHIP COMMITTEE

You must COMPLETE everything on the application

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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 _____ AND THE NUMBER OF THOSE STILL IN THE HOME. _____ (Do not count yourself.)

WHAT COLLEGE DO YOU PLAN TO ATTEND? _____

WHAT IS YOUR INTENDED MAJOR FIELD OF STUDY? _____

HAVE YOU RECEIVED OTHER SCHOLARSHIPS/GRANTS? _____ IF SO PLEASE LIST. (Include the value of each.)

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

PLEASE LIST WORK EXPERIENCES _____

You must COMPLETE everything on the application

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 _____

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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.

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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. _____

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

Applications which are incomplete may not be considered.

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25 wilhelm Dr.
VERSAILLES, MO 65084