

LB & NITA RATLIFF MEMORIAL SCHOLARSHIP



A SCHOLARSHIP TO A "C" AVERAGE HIGH SCHOOL STUDENT.

DONOR: AMVETS LADIES AUXILIARY DEPARTMENT OF MISSOURI

GUIDELINES:

- 1. ONE \$500.00 SCHOLARSHIP WILL BE AWARDED AT THE AMVETS LADIES AUXILIARY STATE CONVENTION.**
- 2. ALL APPLICANTS WILL BE JUDGED BY THE AMVETS LADIES AUXILIARY DEPARTMENT OF MISSOURI HONORS AND AWARDS COMMITTEE.**
- 3. ALL APPLICATIONS MUST BE SUBMITTED TO THE HONORS AND AWARDS COMMITTEE CHAIRMAN (2) TWO WEEKS PRIOR TO THE HONORS AND AWARDS COMMITTEE MEETING. (DATE TO BE ANNOUNCED)**
- 4. THE RECIPIENT OF THE SCHOLARSHIP'S EXPENSES TO THE STATE CONVENTION WILL BE ARRANGED AND PAID FOR BY THE SPONSOR, AMVETS LADIES AUXILIARY**
- 5. IF NO "C" AVERAGE STUDENT APPLIES, THIS SHALL BE AWARDED TO A NEEDY STUDENT. THIS AWARD MUST BE GIVEN EACH YEAR.**

ELIGIBILITY:

- 1. THE APPLICANT MUST BE A GRADUATION SENIOR WITH A GRADE AVERAGE OF 2.9 MAXIMUM AND A 2.0 MINIMUM ON A FOUR (4) POINT SCALE AND HAVE A FINANCIAL NEED.**

REQUIREMENTS:

- 1. AN OFFICIAL TRANSCRIPT OF THE GRADES FROM THE APPLICANT'S HIGH SCHOOL IS REQUIRED.**
- 2. A COMPLETED COPY OF THE APPLICATION FORM.**
- 3. MUST INCLUDE ALL SOURCES OF INCOME.**

SEND APPLICATIONS TO THE HONORS AND AWARDS CHAIRMAN BY THE DATE ANNOUNCED.

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Type or Print-All Items Must Be Completed



FIRST NAME: _____ LAST NAME: _____ MIDDLE: _____

ADDRESS: _____ PHONE: _____

DOB: _____ SEX: M or F MARITAL STATUS: S or M # of CHILDREN: _____

PARENT OR GUARDIAN'S FULL NAME ADDRESS: _____

Occupations & Yearly Income:

Father: _____ Veteran: Y or N

Mother: _____ Veteran: Y or N

Spouse: _____ Veteran: Y or N

Guardian: _____ Veteran: Y or N

Self: _____ Veteran: Y or N

of Siblings: _____ # of Siblings in College: _____ US Citizen Y or N

How do you plan on funding your tuition and expenses: _____

Name and address of school you are NOW attending: _____

_____ Name of Dept. Head: _____

Graduation year: _____ GPA upon Graduation: _____

What are your long term career goals and plans to major in? _____

Certification: I/We certify that all the information on this application is true, complete and accurate to the best of our/my knowledge. I/We agree to provide, if requested, any other documentation necessary to verify information reported. Any false information will be caused for denial, reduction or withdrawal of the scholarship awarded.

Signature: _____

Date: _____



PRIVACY ACT ADDENDUM-SCHOLARSHIP APPLICATION

APPLICANT SHOULD REVIEW INFORMATION REQUESTED. NONE OF THE INFORMATION IS REQUIRED BY LAW AND THEREFORE DISCLOSED VOLUNTARILY. IT WILL BE USED IN CONSIDERING THE APPLICANT FOR THE SCHOLARSHIP, PUBLICITY AND RELATED PURPOSES. NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION MAY RESULT IN AN APPLICANT NOT BEING FULLY CONSIDERED FOR THIS AWARD.

AUTHORIZATION TO RELEASE INFORMATION:

EXCEPT AS SPECIFIED BELOW, ALL PERSONAL INFORMATION CONTAINED IN MY APPLICATION FOR THE AMVETS LADIES AUXILIARY SCHOLARSHIP MAY BE USED BY THE AWARD SPONSOR FOR PROMOTION AND PUBLICITY PURPOSES.

EXCEPTIONS: (SPECIFY PERSONAL INFORMATION YOU DO NOT WANT RELEASED)

SIGNATURE: _____ DATE: _____