



**PLEASE CHECK YOUR FAMILY'S ADJUSTED GROSS INCOME FROM LAST YEAR'S TAX RETURN:**

_____ under \$20,000	_____ \$20,000 to \$30,000
_____ \$30,000 to \$40,000	_____ \$40,000 to \$50,000
_____ \$ over \$50,000	

**NUMBER OF DEPENDENTS IN YOUR FAMILY, EXCLUDING YOURSELF**

In College \_\_\_\_\_ Grades 9-12 \_\_\_\_\_ Grades K-8 \_\_\_\_\_

**HAVE YOU REASON TO EXPECT SCHOLARSHIP OR AID FROM ANY OTHER SOURCE?**

Circle **YES** or **NO**. If yes, give details \_\_\_\_\_

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**ON SEPARATE SHEET OF PAPER LIST SCHOOL ACTIVITIES AND HONORS.**

**ON A SEPARATE SHEET OF PAPER LIST COMMUNITY ACTIVITIES AND HONORS.**

**LIST WORK EXPERIENCE (INCLUDING FAMILY FARM OR BUSINESS), SALARIED OR VOLUNTEER.** (Indicate which) \_\_\_\_\_

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**DESCRIBE WHY YOU WISH TO BE A RECIPIENT OF THIS SCHOLARSHIP.** (Include such things as educational goals, financial need, marital status, etc.) Please limit your answer to 75 words.

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**ATTACH TWO LETTERS OF RECOMMENDATION**

**PLEASE NOTE! (One school related and the other non-family, non-school related)**

**The deadline for this application is March 1, 2018.**

Return application forms to: Margaret Roberts, 6770 NW St Rt FF, Adrian, MO 64720  
816-297-8866 email: handm98@gmail.com