

7. INTENDED FIELD(S) OF STUDY:

8. LIST TWO (2) PEOPLE NOT RELATED TO YOU AND NOT TEACHERS WHO KNOW OF YOUR CHARACTER AND EAGERNESS TO FURTHER YOUR EDUCATION:

| <u>NAME</u> | <u>ADDRESS</u> | <u>PHONE</u> |
|-------------|----------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PLEASE LIST ALL SCHOLARSHIPS, AWARDS, AND FINANCIAL AIDS FOR WHICH YOU HAVE APPLIED OR HAVE BEEN GRANTED (INDICATE WHICH) FOR THE COMING SCHOOL YEAR.

9. NAME OF FINANCIAL AID PROGRAM VALUE HAS IT BEEN GRANTED?

10. LIST ALL SCHOLASTIC, ATHLETIC OR EXTRACURRICULAR ACTIVITIES IN WHICH YOU HAVE PARTICIPATED DURING YOUR YEARS IN HIGH SCHOOL. INCLUDE ANY ELECTED OFFICES YOU HELD OR AWARDS YOU RECEIVED DURING THAT TIME:

11. LIST VOLUNTEER AND COMMUNITY SERVICE, INCLUDING LENGTH OF SERVICE:

12. LIST WORK EXPERIENCE, INCLUDING NAMES OF EMPLOYERS AND NATURE OF WORK:

13. PLEASE TELL US WHY YOU BELIEVE YOU DESERVE TO RECEIVE THE RUTH PERRIN FUES MEMORIAL TRUST SCHOLARSHIP AND ANY OTHER QUALIFICATIONS OR BACKGROUND YOU FEEL SHOULD BE BROUGHT TO THE ATTENTION OF THE SELECTION COMMITTEE TO HELP THEM EVALUATE YOUR APPLICATION:

I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

DATE: _____

SIGNATURE OF STUDENT: _____

TO BE COMPLETED BY GUIDANCE COUNSELOR

STUDENT RANKS _____ IN A CLASS OF _____

HIGH SCHOOL GRADE POINT AVERAGE _____

ACT SCORE _____

SIGNATURE OF COUNSELOR: _____ DATE: _____

RETURN APPLICATION BY **April 13, 2018** TO ALLEN HOOVER, ST. CLAIR COUNTY
STATE BANK, TRUST DEPT, PO Box 539, Osceola, MO 64776 or branch banks in
Appleton City and Lowry City.