

NHS ALUMNI ASSOCIATION SCHOLARSHIP GUIDELINES

1. Applicant must be a senior at Neosho High School of Neosho, Missouri or the prior year recipient of the scholarship.
2. Scholarship recipients may apply for three additional terms upon submission of documentation of a minimum 3.0 grade point average while completing a minimum of 12 credit hours.
3. Applicant must demonstrate financial need.
4. The funds will be paid to the institution to be applied to the student's account with any excess funds returned to the NHS Alumni Association at the end of the semester.
5. The scholarship will be awarded in the amount of \$500 as the financial status of the association permits.
6. There is no limit to the field of study or regionally accredited institution chosen by the applicant.
7. A committee consisting of the alumni committee members and a guidance counselor from Neosho High School will select the scholarship recipient.
8. Deadline for application is annually on March 31.
9. Recipient will be announced annually on May 1.
10. Application must be typed.
11. Applications should be mailed to: Neosho High School – Guidance Counselor, 511 S. Neosho Blvd., Neosho, MO 64850

NHS ALUMNI ASSOCIATION SCHOLARSHIP

Part I

Full Name: _____

Address _____

Full Name of Parent or Guardian: _____

DOB: _____ Telephone Number: _____

Social Security Number: _____

E-mail address: _____

Part II

Attach three (3) recommendation letters to this application. At least, one should be from a teacher.

Part III

Please list all other scholarships, awards, or financial aids for which you have applied, or have been granted.

<u>Name of Financial Aid</u>	<u>Value</u>	<u>Has it been granted to you?</u>
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Part IV

Approximate family income:

_____ under \$15,000	_____ \$15,000 to \$25,000
_____ \$25,000 to \$50,000	_____ over \$50,000

Part V

Describe any extraordinary financial hardships you may have:

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PART VI

Describe, in 200 words or less, why you want to be a recipient of the NHS Alumni Association Scholarship. Include your career goals and your planned course of study. You may attach a typed page with this information

PART VII

Please list your extra-curricular activities in high school and the community.

PART VII

CERTIFICATION:

I hereby certify that the above information is true and accurate to the best of my knowledge. I give the Office of Student Services permission to release information regarding my academic performance (including but not limited to grades, transcript copies, disciplinary actions, etc.), financial aid status (including but not limited to personal and family income, residency, family status, etc.), and any other information deemed desirable by the NHS Alumni Association.

Signature of Applicant

Date