

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 _____

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) _____

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.

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, 2016.

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