Leadership Award Application Instructions Scholarship Information

I. Criteria

Harris-Stowe State University, through the Office of Admissions, awards a limited number of leadership awards to first-time freshmen and incoming transfer students. These awards may cover six to 12 in-state credit hours. To be eligible for consideration, an applicant must be eligible for full-time admission to the university and complete a Leadership Award Application. In addition, first-time freshmen and incoming transfer students with less than 24 semester hours of transferable credit must have completed the high school core curriculum as specified by the Missouri Coordinating Board for Higher Education. If funds are available, a recipient who remains continuously enrolled may apply to renew this award each semester until he/she has completed the number of credit hours required by his/her degree program. Provided the recipient maintains a minimum 2.5 OCGPA, continues to make satisfactory academic progress and continues to provide documentation of leadership in extra-curricular/community activities. Submit an application for renewal to the Office of Admissions.

II. Letters of Recommendation

This award requires two recommendations using the forms provided in this packet. All recommendation forms must be completed and returned with the award application. No more than two recommendations will be accepted. A staff and or faculty member of the high school or previous college attended <u>must</u> complete one of the recommendation forms and an individual aware of the applicant's extra- curricular/volunteer community involvement <u>must</u> complete the second recommendation form.

III. Service

On the enclosed form, please provide any extracurricular activities and or professional organizations, and your involvement in volunteer community activities that you believe might support your application. Please attach any additional information to the form.

Personal Da	ta
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Type or print clearly.

Name		SS#		
Last	First	MI		
Permanent Address				
1	Street	City	State	Zip
Home Phone ()				
High School Attended				
Previous College/University				

Please list any scholarships and or awards which you are currently receiving for the 2014-2015 academic year. Failure to disclose these may result in forfeit of eligibility to receive any award, scholarship or prize awarded by the scholarship committee.

1.	
2.	
3.	
4.	

I hereby apply for the Harris-Stowe State University Leadership Award. I understand that application does not guarantee receipt of an award. I authorize the scholarship committee to have access to all relevant information in my Harris-Stowe State University file. I understand that if I am selected for an award, I may receive less than the face amount listed if I also receive other financial assistance. I understand that there are limits on the total financial assistance a student can receive. I also understand that awarded funds cannot be applied to prior balances. I further understand that I will forfeit for any term not yet begun any award earned as a result of this application if I have any unmet financial obligations to Harris-Stowe State University or if my academic progress status becomes "unsatisfactory."

Signature

Please type or print clearly

Organization	Membership Date
Title(s) and positions held	
Accomplishments and responsibilities	
Organization	Membership Date
Title(s) and positions held	
Accomplishments and responsibilities	
Organization	Membership Date
Title(s) and positions held	
Accomplishments and responsibilities	
Organization	Membership Date
Title(s) and positions held	
Accomplishments and responsibilities	
Organization	Membership Date
Title(s) and positions held	-
Accomplishments and responsibilities	

A staff or faculty member of the high school or previous college attended must complete this form.

Type or print clearly.

Applicant's personal information:

Name _____

Rate the applicant using 1-10 on the following criteria:

(1 = poor 10 = excellent NA = unknown)

Academic Potential	 Attitude	
Volunteer Community Involvement	 Cooperation	
Dependability	 Initiative	
Integrity	 Leadership	
Honesty	 Respect	

Personal observation of applicant: (Use the space provided and or an additional piece of paper to briefly describe your personal observation(s) of the applicant's display of leadership in community/extra-curricular activities.)

Name	Address
Position at high school/college	
Length of time you have known the applicant	
Capacity in which you have known the applicant	

Signature

Date

A community/volunteer leader and or designee of an organization the applicant assisted must complete this form.

Type or print clearly.

Applicant's personal information:

Name _____

Please rate the applicant 1-10 on the following:

(1 = poor 10 = excellent NA = unknown)

Academic Potential	 Attitude	
Volunteer Community Involvement	 Cooperation	
Dependability	 Initiative	
Integrity	 Leadership	
Honesty	 Respect	

Personal observation of applicant: (Use the space provided and or an additional piece of paper to briefly describe your personal observation(s) of the applicant's display of leadership in community/extra-curricular activities.)

Name	Address
Position at organization	
Length of time you have known the applicant	
Capacity in which you have known the applicant	

Signature

Date