

## SCHOLARSHIP APPLICATION

Instructions: The applicant should complete section I. Section II should be completed by the Principal, Counselor or College Advisor. Application must be postmarked no later than Feb 1<sup>st</sup> and mailed to:

Sarah Foran  
P.O. Box 216  
Maysville, MO 64469  
Email: [mcaasecretary01@gmail.com](mailto:mcaasecretary01@gmail.com)

IT IS THE RESPONSIBILITY OF THE APPLICANT TO SEE THAT THE APPLICATION, ESSAY, AND TRANSCRIPT HAVE BEEN RECEIVED. CALL TO VERIFY THE ARRIVAL IF MAILED SEPARATELY OF THESE IMPORTANT DOCUMENTS.

**\*\*All information must be provided before application can be considered\*\***

### SECTION I

\_\_\_\_\_  
(1) Applicants Name

\_\_\_\_\_  
(2) Applicants Address

\_\_\_\_\_  
(3) City and Zip Code

\_\_\_\_\_  
(4) Birth date

\_\_\_\_\_  
(5) Telephone Number

\_\_\_\_\_  
(6) Major Course of Study

Will you be a full time student? \_\_\_\_\_ # of hours

Name and location of school you are/will be attending? \_\_\_\_\_  
\_\_\_\_\_

Occupation of father or guardian: \_\_\_\_\_

Occupation of mother or guardian: \_\_\_\_\_

Are you currently a dependant for tax purposes of your father, mother or guardian?  
yes or no \_\_\_\_\_

If you have dependents, please list their relationship/s and  
age/s. \_\_\_\_\_

If you are not a dependant, what is your current primary means of financial  
support and what means of financial support do you anticipate while attending  
college full-time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION II

Academic Record (To be filled out by: Principal, Counselor or College  
Advisor/Counselor only)

### A. Test Record

Test Name	Form Date	Percentile	Raw Score
SCAT	_____	_____	_____
ACT	_____	_____	_____
SAT	_____	_____	_____
OTHERS	_____	_____	_____

B. As of this date this applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ students  
with a cumulative grade point average of \_\_\_\_\_.

C. College students must submit a current copy of college transcripts. NO  
student copies of grade reports will be accepted.

D. High School Students must submit a high school transcript. NO student  
copies of grade reports will be accepted.

NOTE TO PRINCIPAL OR ADVISORS: Please be certain that the student  
has completed Section I before the application is returned.

\_\_\_\_\_  
SIGNATURE AND TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE

## CRITERIA FOR SCHOLARSHIP CONSIDERATION

- I. Name - Missouri Conservation Agents Association Scholarship
- II. Amount
  - A. The Scholarship will be in an amount not to exceed \$500. per student per academic year
  - B. The scholarship will be used for tuition, books room and board.
- III. Selection
  - A. The Missouri Conservation Agents Association Scholarship committee will select the recipients of the scholarship and the selection will be approved by the MCAA Board of Directors.
  - B. Any applicant who is a dependent of a member of the scholarship Selection committee will not be eligible for the scholarship.
- IV. Criteria
  - A. The number and monetary value of scholarships to be awarded will be decided by the MCAA Board of Directors on an annual basis.
  - B. The applicant will be a Missouri Resident.
  - C. The applicant will be a U.S. Citizen.
  - D. The applicant must be pursuing a degree in Biology, Wildlife Management, Forestry, Fisheries, Ecology, Agriculture, Criminal Justice or a field of study closely related to the preceding subjects.
  - E. The applicant must be an under-graduate student of an accredited college, university, or trade school; or a high school student entering college.
  - F. The student will be a full-time student as defined by the college, university, or trade school being attended.
  - G. The applicant must have a current and a cumulative minimum grade point average of 2.5 to be eligible for the scholarship.
  - H. The applicant must submit a transcript along with the application.
  - I. The applicant must also submit a 500 word essay telling why they would like the scholarship.