## MICHAEL WEAVER STATE FARM SCHOLARSHIP

The Michael Weaver State Farm Scholarship is open to all graduating seniors for the Odessa R-VII High School. It is the intent for the scholarship to provide an opportunity for a determined, serious student to pursue further education at a four-year or two-year Missouri or Kansas accredited college or university. Scholastic success, evidence of determination, financial need and the commitment to succeed will be considered. All applicants must have a 90% attendance, 3.0 GPA and no failing grades. The Michael Weaver State Farm Scholarship will annually provide one (1) scholarship to a high school graduate in the amount of \$250.00.

The selection committee will be comprised of Michael and Courtney Weaver. The scholarship funds will be distributed directly to the selected college or university of the recipient. The Selection Committee affirms its commitment to carry out its civil rights obligation to eliminate discrimination and denial of services on the basis of race, color, national origin, sex, or handicap.

All applications must be submitted to the Odessa R-VII High School Counseling Office by April 1. Please submit a typewritten application.

## MICHAEL WEAVER STATE FARM SCHOLARSHIP

## (PLEASE SUBMIT A TYPEWRITTEN APPLICATION.)

NAME:
ADDRESS:
HOME TELEPHONE NUMBER:
NAME OF PARENTS/GUARDIANS:
ADDRESS:
COLLEGE/VOCATIONAL SCHOOL YOU PLAN TO ATTEND:
ADDRESS:

PLEASE LIST ALL SCHOOL AND COMMUNITY ACTIVITIES/ORGANIZATIONS IN WHICH YOU HAVE PARTICIPATED, INCLUDING ANY OFFICES HELD, HONORS ACHIEVED AND AWARDS RECEIVED.

ARE YOU EMPLOYED?	YES	NO	NAME OF BUSINESS:
POSITION:			DATES OF EMPLOYMENT:
PLEASE LIST ANY PREVI	OUS EMPI	LOYME	NT AND DATES:
ARE YOU A REGISTERED	VOTER?	YE	S NO
HOW MANY SIBLINGS AF	RE IN YOU	J <b>R IMM</b>	EDIATE FAMILY?
HOW MANY OF THEM W	ILL ALSO	BE IN C	COLLEGE NEXT YEAR?
PLEASE DESCRIBE HOW	YOU DISF	PLAY E	NTREPRENEURIAL SPIRIT:

PLEASE NOTE ANY OTHER SPECIAL CIRCUMSTANCES THE SELECTION COMMITTEE SHOULD

CONSIDER:

<b>PLEASE</b>	<b>ATTACH</b>	AN	<b>ESSAY</b>	<b>OUTLINING</b>	<b>YOUR</b>	<b>PLANS</b>	<b>FOR</b>	THE	<b>FUTURE</b>	<b>UPON</b>
COMPLE	TION OF Y	OUR	HIGH SO	CHOOL CARE	ER.					

PLEASE ATTACH A COPY OF YOUR CURRENT HIGH SCHOOL TRANSCRIPT FOR THE SELECTION COMMITTEE'S REVIEW.

STUDENT SIGNATURE:							
PARENT SIGNATURE:							
<b>COUNSELOR'S CERTIFICATION</b>							
CLASS RANK:	GPA:	ACT:					
DATE OF HIGH SCHOOL G	RADUATION:						
COUNSELOR'S SIGNATUR	E:						