

## OPAL KEARBY APPLICATION

Please read the following carefully. To qualify for the Opal Kearby Scholarship Award you must:

1. Be a resident of the Missouri Western Junior College District. **BE SURE TO DOCUMENT RESIDENCY BY PROVIDING PROOF OF VOTER REGISTRATION.** The Junior College District includes the following school districts: Agency-Faucett, Avenue City, DeKalb-Rushville, Easton, Gower, Lake Contrary, Moore, Platte Valley, Savannah, Spring Garden, and St. Joseph.
2. Be an officially declared Social Science Major (History, Government, or Social Work) at Missouri Western State University for one semester before applying. An unofficial copy of your latest transcripts (obtained on remote terminals) and a copy of the Major Advisement Form (obtained from faculty advisor) must be submitted with the application.
3. Be able to show financial need.
4. Must be able to meet the following minimum scholarship criteria:
  - a) have completed at least 12 credit hours of coursework at Missouri Western State University in your Social Science Major (related area courses may be included).
  - b) have at least an overall GPA of 2.0 and a GPA of 2.5 in your major field (including related area courses).
5. Must be a full-time student: 12 hrs. for Fall/Spring; 6 hrs. for Summer.
6. As the Opal Kearby Trust is administered by the US Bank of St. Joseph, students who have immediate family employed at US Bank are not eligible for the award.
7. Must submit pages 1 and 2 of the most recent Internal Revenue Form 1040.
8. Must report all alimony, child support, and/or separate maintenance funds.

If you do not meet these qualifications, please do not apply for the award. Failure to provide complete and accurate information on the application will disqualify the applicant. Applications are due in mid-November and mid-April. Contact the History, Philosophy, and Geography department for specific deadline dates. Please use black or blue ink pen when filling out this application.

Scholarship recipients are selected on a competitive basis. Not all applicants receive awards. The Opal Kearby Scholarship Committee shall in its discretion give preference to applicants who in its judgment demonstrate significant progress toward completion of their respective degrees.

If I am selected as a recipient I give permission for all information connected with the application to be shared with the US Bank of St. Joseph.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Please fill out in black or blue ink.)

**OPAL KEARBY SCHOLARSHIP AWARD**

I. This application is for: Fall \_\_\_\_\_; Spring \_\_\_\_\_; Year \_\_\_\_\_  
(Separate form must be filled out for each semester applied for)

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**II. PERSONAL INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

(Street/P.O. Box)

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Do you reside in the Jr. College District? \_\_\_\_\_

Name of the school district in which you reside? \_\_\_\_\_ (J.C.D. includes the following school districts: Agency-Faucett, Avenue City, DeKalb-Rushville, Easton, Gower, Lake Contrary, Moore, Platte Valley, Savannah, Spring Garden, St. Joseph)

Marital Status: Single \_\_\_\_\_; Married \_\_\_\_\_; Divorced \_\_\_\_\_; Widowed \_\_\_\_\_

Spouse=s Name (if applicable) \_\_\_\_\_

Dependents (age & relationship) \_\_\_\_\_

Are you emancipated from parental support? Yes \_\_\_\_\_; No \_\_\_\_\_. If yes, please explain the circumstances \_\_\_\_\_

If no, please complete the following section. \_\_\_\_\_

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**III. PARENTAL INFORMATION**

Parent=s Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Dependents still in parental home (age & relationship) \_\_\_\_\_

Father=s Employment \_\_\_\_\_ Monthly (net) Salary \$ \_\_\_\_\_

Mother=s Employment \_\_\_\_\_ Monthly (net) Salary \$ \_\_\_\_\_

**IV. ACADEMIC INFORMATION**

Date entered MWSU \_\_\_\_\_ ; Expected date of graduation \_\_\_\_\_  
 Other colleges & dates of attendance \_\_\_\_\_

High School of graduation \_\_\_\_\_  
 Declared major: \_\_\_\_\_ ; Degree objective \_\_\_\_\_  
 Number of semester hours completed to date \_\_\_\_\_. Classification \_\_\_\_\_

Overall GPA \_\_\_\_\_ ; Major GPA \_\_\_\_\_ ; Last semester GPA \_\_\_\_\_  
 (Inaccurate reporting of your GPA will invalidate this application.)

**V. EMPLOYMENT INFORMATION**

Place of Employment \_\_\_\_\_ Monthly (net) Salary \$ \_\_\_\_\_  
 Spouse=s Employment \_\_\_\_\_ Monthly (net) Salary \$ \_\_\_\_\_  
 How many hours per week do you work? \_\_\_\_\_ What type of work? \_\_\_\_\_  
 List number, make, and year of your car(s) \_\_\_\_\_  
 Housing: campus \_\_\_\_\_ ; rent off-campus \_\_\_\_\_ ; own home \_\_\_\_\_ ;  
 w/ parents/relatives \_\_\_\_\_

**VI. INCOME INFORMATION.** Complete the following as you anticipate if for the semester during which you are applying for financial aid. (A semester is 4 months.)

	Monthly (net) total	Semester (net) total
Employment Income		
Parental Support		
Other Financial Aid (list below)		
Total Income		

Please list the types and amounts of financial aid which you will receive during the semester for which you are asking for financial aid.

Work study \_\_\_\_\_ ; Tuition \_\_\_\_\_ ; G. I. Bill \_\_\_\_\_ ; Social Security \_\_\_\_\_

Vocational Rehabilitation \_\_\_\_\_ ; Basic Education Opportunity Grant \_\_\_\_\_  
 Other \_\_\_\_\_

**VII. EXPENDITURES**

EXPENDITURES	MONTHLY TOTAL	SEMESTER TOTAL
Housing		
Utilities		
Food		
Transportation		
Other Credit Payments		
Medical Insurance		
Personal (clothing, recreation)		
Child Care		
Tuition & Fees	XXXXXXXXXXXXXXXXXX	
Books	XXXXXXXXXXXXXXXXXX	
Other (List below)		
Total Expenditures		

Alimony, child support, or separate maintenance must be reported below. Pages 1 and 2 of the most recent Internal Revenue Form 1040 must be submitted. \_\_\_\_\_

**VIII. REFERENCES**

List three MWSU faculty members whom you would like to have recommend you for this award. (At least one person must be a member of the HPG or GSS Department.)

NAME \_\_\_\_\_ DEPT. \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ DEPT. \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ DEPT. \_\_\_\_\_ PHONE \_\_\_\_\_

Your advisor in the HPG or GSS Department is \_\_\_\_\_.  
(Do not list your advisor as your HPG or GSS Department reference.)

**IX. JUSTIFICATION OF APPLICATION**

What are your short term educational goals?

What are your long term educational goals?

List the school activities in which you are actively participating?

Why do you feel that you should be considered for this award?