

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. Proof of residency must be supplied at the time of application. Valid proof of residency can include, but is not limited to, recent documents such as a housing rental contact, a voter registration card, or vehicle 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 Major in Economics, English, Modern Language, History, Philosophy, Political Science, Social Work, or Sociology, at Missouri Western State University for at least 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 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 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, and the award amounts vary depending upon the allocation by the trust and the discretion of the committee. The Opal Kearby Scholarship Committee shall at 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: _____

Revised 10/21/2015

(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)

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.

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 (Senior, Junior, Sophomore, Freshman): _____

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:
on campus: ____ rent off-campus: ____ own home: ____ with 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	XXXXXXXXXXXXXXXXXXXX	
Books	XXXXXXXXXXXXXXXXXXXX	
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 CJLS, EML, EPSS, HG, or PR Department.)

NAME: _____ DEPT.: _____ PHONE: _____

NAME: _____ DEPT.: _____ PHONE: _____

NAME: _____ DEPT.: _____ PHONE: _____

Your advisor in the CJLS, EML, EPSS, HG, and PR Department is _____. (Do not list your advisor as your CJLS, EML, EPSS, HG, and PR Department reference.)

XI. JUSTIFICATION OF APPLICATION

Please type your responses on a separate sheet of paper.

1. What are your short term educational goals?
2. What are your long term educational goals?
3. List the school activities in which you are actively participating.
4. Why do you feel that you should be considered for this award?