

WILLIAM L. CLAY SCHOLARSHIP & RESEARCH FUND

APPLICATION INSTRUCTIONS

1. Responses to questions on this form should be printed or typed.
2. All application material must be submitted to:

The William L. Clay Scholarship Review Committee
P.O. Box 4693
Field Station
St. Louis, MO 63108.
3. Your complete application must be enclosed in **one envelope** and include the following:
 - a. Applicant Information including **autobiographical statement**.
 - b. **Three Letters of Recommendation** from school officials, community or religious leaders. (Include with application)
 - c. **Official Transcript:** Complete school record including most recent grades.
 - d. **College Entrance Scores:** ACT or SAT scores
 - e. Signed copy of parent(s) **2009 Federal Income Tax Form** or Income Verification Form. **Note: W-2 Form(s) and Pay stubs are not acceptable.**
 - f. A copy of your voter registration card
4. All other applications must be received by **March 1, 2010**.
5. All applications and documents received by the scholarship committee are the property of the William L. Clay Scholarship and Research Fund. These documents will not be returned.

ELIGIBILITY DETERMINATION

1. Applicant must be a high school senior.
2. Applicant must **reside** within the **1st Congressional District** of Missouri and must **maintain** residency within the **1st Congressional District** as long as the scholarship award is being received.
3. Applicant must demonstrate financial need.
4. A counselor, advisor, teacher, principal or persons familiar with the character and academic ability of the applicant should originate recommendations or nominations.
5. Applicant must plan to enroll in a college or university on a full time basis. (Minimum of 12 credit hours.)
6. Applicants must be available for a personal interview with the Scholarship Review Committee.
7. Applicants who are seventeen and 6 months of age must be registered voters.
8. Applicant will be considered on the basis of academic achievement, financial need and potential.

SCHOLARSHIP AWARDS

- Notification of scholarship award(s) will be forwarded no later than June 30, 2010.
- The amount of each award will be determined by the availability of the Foundations' Scholarship Funds for each given year.
- The Foundation Scholarship is renewable if an acceptable grade point average is maintained and student is enrolled on a full time basis. (Minimum of 12 credit hours.)
- All scholarship recipients are required to forward certified transcripts at the end of each semester before continuing eligibility can be determined.
- No scholarship award will be paid to any recipient's school until continuing eligibility is determined.

NO APPLICANT WILL BE DENIED PARTICIPATION BASED ON RACE, CREED, COLOR, NATIONAL ORIGIN OR RELIGION.

WILLIAM L. CLAY SCHOLARSHIP & RESEARCH FUND

2010 Application

Applicant Information

Name: _____
First Middle Last

Home Address _____

City State Zip Code

Telephone Number _____

Gender: Male: Female: Date of Birth: _____

Social Security Number: _____ Email Address: _____

Current School: _____ School Phone Number: _____

City State Zip Code

Is your school: Private Public Parochial

With which ethnic group do you identify (optional): Hispanic White Black Asian
American Native American Other

Are you are 17 years and 6 months of age or over? Yes No

If you answered yes to the above question, are you a registered voter? Yes No

Who do you presently reside with:

Mother Father Mother and Father Legal Guardian or Next of Kin

Foster Parents Other _____

Please indicate whom & relationship

Family Information & Background

FATHER: Living Deceased

First Name: _____ Last Name: _____

Birthplace: _____ SSN: _____
City/State

WILLIAM L. CLAY SCHOLARSHIP & RESEARCH FUND

Address: _____

Email Address: _____

Employer Name: _____

Occupation: _____ Phone Number: _____

Employer address: _____

Level of Education: Some High School High School Graduate
 Some College
 College Graduate: Degree Type: _____

MOTHER: Living Deceased

First Name: _____ Last Name: _____

Birthplace: _____ SSN: _____
City/State

Address: _____

Email Address: _____

Employer Name: _____

Occupation: _____ Phone Number: _____

Employer address: _____

Level of Education: Some High School High School Graduate
 Some College
 College Graduate: Degree Type: _____

LEGAL GUARDIAN, FOSTER PARENT OR NEXT OF KIN (Please complete if other than your mother or father):

First Name: _____ Last Name: _____

Birthplace: _____ SSN: _____
City/State

Address: _____

Email Address: _____

WILLIAM L. CLAY SCHOLARSHIP & RESEARCH FUND

Employer Name: _____

Occupation: _____ Phone Number: _____

Employer address: _____

Level of Education: Some High School High School Graduate
 Some College
 College Graduate: Degree Type: _____

Additional Student Information

Please check if you are interested in attending one of our partnership schools:

Fisk University Date Application Submitted: _____

Harris-Stowe State College Date Application Submitted: _____

Lincoln University Date Application Submitted: _____

Miami University (Oxford, Ohio) Date Application Submitted: _____

University of Missouri St. Louis Date Application Submitted: _____

Wilberforce University Date Application Submitted: _____

Other: Please indicate school name below:

_____ Date Application Submitted: _____

_____ Date Application Submitted: _____

_____ Date Application Submitted: _____

Planned Major in College: _____

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We strongly encourage you to contact the school to determine the deadline for admission of the Free Application for Federal Student Aid (FAFSA). It is the applicant's responsibility to apply for admission to our partnership schools.

On a separate sheet of paper, please complete the following. Limit your entries to your experiences during the past four years.

- A. **Honors/Awards/Talents (Give a brief description and indicate dates received).**
- B. **Elected Positions and/or Leadership in School Organizations (Describe positions and indicate dates participated).**
- C. **Extracurricular Activities (Sports, Clubs, or Religious Activities). Describe activity and dates participated.**
- D. **Employment/Internship (Please indicate name of employer/supervisor, length of employment/internship and number of hours per week).**
- E. **Community Service (Please describe service and dates participated).**
- F. **Autobiographical Statement: This section offers an opportunity for you to help us become acquainted with you. Tell us something about yourself, your interests and your career goals. With this in mind, please type or print legibly a 150-200 word autobiography.**

My signature below indicates that all the information contained in my application is factually correct and honestly presented.

Signature

Date