



wlcsrf.org
William L. Clay
Scholarship &
Research Fund

2019 APPLICATION

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

The William L. Clay Scholarship Review Committee
P.O. Box 4693
St. Louis, MO 63108

2. 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
 - c. **Official Transcript:** Complete school record including most recent grades
 - d. **College Entrance Scores:** ACT or SAT scores
 - e. Signed copy of parent's **2017 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
3. Your application must be received by **March 15, 2019**.
- 4.
5. All applications and documents received by the Scholarship Review 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** while the scholarship award is being received
3. Applicant must demonstrate financial need
4. Two letters of recommendation from a counselor, advisor, teacher, principal or others familiar with the character and academic ability of the applicant
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, 2019**
- The amount of each award will be determined by the availability of Scholarship Funds for each given year
- The WLCSRF 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, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, SEXUAL ORIENTATION, OR DISABILITY.

WILLIAM L. CLAY SCHOLARSHIP & RESEARCH FUND

2019 Application

Applicant Information

Name: _____
Last First Middle

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 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:

Harris-Stowe State College Date Application Submitted: _____

University of Missouri St. Louis Date Application Submitted: _____

Planned Major in College: _____

NOTE: The deadline for the 2019 [Free Application for Federal Student Aid](#) (FAFSA) is **June 30, 2019**. For funding from the state of Missouri the application must be submitted between **February 1** and **April 2, 2019**. Awards are made until funds are depleted.

We strongly encourage you to contact financial aid administrators at the colleges you're applying to and/or your high school guidance counselor about deadlines for state and college student aid.

WILLIAM L. CLAY SCHOLARSHIP & RESEARCH FUND

On a separate sheet of paper, please answer the following questions.
Limit your answers to your experiences during the past four years.

1. Honors/Awards/Talents (give a brief description and indicate dates received).
2. Elected positions and/or leadership in school or community organizations (describe roles/responsibilities and indicate dates/time frame participated).
3. Extracurricular Activities (Sports, Clubs, Community, or Religious activities). Describe involvement and dates/time frame participated.
4. Employment/Internship (length of employment/internship and number of hours per week).
5. Community Service (Please describe service and dates/time frame participated).
6. 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. (150-300 words)

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

Signature

Date