



[wlcsrf.org](http://wlcsrf.org)  
William L. Clay  
Scholarship &  
Research Fund

# 2020 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 **2019 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, 2020**.
- 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 **1<sup>st</sup> Congressional District** of Missouri and must **maintain** residency within the **1<sup>st</sup> 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, 2020**
- 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

## 2020 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 2020 [Free Application for Federal Student Aid](#) (FAFSA) is **June 30, 2020**. For funding from the state of Missouri the application must be submitted between **February 1** and **April 2, 2020**. 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.

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Signature

Date