



wlcsrf.org
William L. Clay
Scholarship &
Research Fund

APPLICATION

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

scholarships@wlcsrf.org

2. Your complete application must 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/guardian's most recent **Federal Income Tax Form** or Income Verification Form from your employer. **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 31st**.
4. 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 (visit house.gov to confirm your congressional district, enter zip code at top of page)
3. Applicant must be eligible for the [federal Pell grant](#)
4. Three 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 17 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 made in July.
- 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

WLCSRF provides 4-year scholarships; award amounts vary. WLCSRF's goal is to help students eliminate the need for student loans by providing scholarships that bridge the gap between the cost of college and other financial aid received.

Applicant Information

Name: _____
Last First Middle

Home Address _____

City State Zip Code

Telephone Number Email Address

Gender: _____ Date of Birth: _____ Last 4 of SSN: _____

Current School: _____ School Phone Number: _____

Address: _____
City/State/Zip

Is your school: Public Charter Private/Parochial

With which ethnic group do you identify (optional): Hispanic White Black Asian
 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
Please include a copy of your voter registration card.

Who do you presently reside with:

Mother Father Mother and Father Legal Guardian or Next of Kin

Foster Parents Other _____
Please indicate whom & relationship

WILLIAM L. CLAY SCHOLARSHIP & RESEARCH FUND

Family Information & Background

FATHER: Living Deceased

Name: _____

Phone Number: _____ Email: _____

Address: _____
City, State, Zip

Occupation & Employer: _____

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

MOTHER: Living Deceased

Name: _____

Phone Number: _____ Email: _____

Address: _____
City, State, Zip

Occupation & Employer: _____

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

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

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

Address: _____
City, State, Zip

Occupation & Employer: _____

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

WILLIAM L. CLAY SCHOLARSHIP & RESEARCH FUND

Additional Student Information

List Colleges/Universities you hope to attend:

Applied:

Yes []

Yes []

Yes []

Yes []

Accepted:

No []

No []

No []

No []

Planned Major in College: _____

How did you learn about the William L. Clay Scholarship & Research Fund scholarship?

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)

Scholarship Agreement

I (print name) _____ attest that the information provided in this application is complete and accurate. I authorize the William L. Clay Scholarship & Research Fund to use the information provided solely to assess my eligibility for a scholarship.

Signature of applicant: _____

Date: _____

Signature of parent/guardian: _____

Date: _____