



Spanning the Years

St. Clair High School Alumni Association, Inc.

7778 Liberty School Road, Leslie, MO 63056
573 484-4000

TUITION ASSISTANCE GRANT APPLICATION

Name: _____

Street Address: _____

City _____ MO Zip _____ Contact Phone () _____

Father's Occupation: _____

Mother's Occupation: _____

Number of dependent children living at home: _____

Name and address of School You Plan To Attend: _____

Have you applied and/or been accepted at a college or other training program? _____

Field of Interest: _____

Names of scholarships/awards already received including A+ scholarship. _____

Please attach to this application a statement that covers the following:

1. *A brief statement telling us about you.*
2. *Describe your extra-curricular activities, organizational involvement, employment history, non-school interests and achievements.*
3. *Describe your career plans and goals.*
4. *Tell us about any special needs you may have in order to continue your education.*
5. *Copy of Transcript.*

THE SELECTION CRITERIA WILL INCLUDE CONSIDERATION OF THE FOLLOWING:

- **Work Experience: Either as a paid employee, volunteer, or personal responsibility.**
- **Sports Involvement**
- **Club Involvement**
- **Other Outside Activities**
- **Scholastic Achievements**
- **Leadership Activities**
- **Drama/Music/Debate, etc.**
- **Special Circumstances**

Attach Typed Essay Not to Exceed 500 Words:

WHY DO I DESERVE THIS GRANT?

Signature _____ **Date:** _____

Applicants for scholarships will not be discriminated against because of race, sex, age, handicap, marital status, sexual orientation, religion, national origin, creed or political affiliation.