

GREATER OZARKS BUSINESS WOMEN OF MISSOURI

JUNE M. BAKER SCHOLARSHIP APPLICATION

(Restricted to enrolled students of Cox College School of Nursing and Health Sciences)

This scholarship was established in honor of June M. Baker, a charter member of Greater Ozarks Business Women of Missouri. A total scholarship of \$500.00 is awarded in one payment during the Fall Semester. The deadline date for filing applications is July 31st.

Mission Statement: To achieve equity for all women in the workplace through advocacy, education and information.

Eligibility Guidelines:

1. Be a citizen of the United States of America and a resident of the State of Missouri.
2. Provide evidence of acceptance into an accredited program or course of study. (Not just attending general education courses).
3. Demonstrate need for financial assistance to upgrade skills and/or to complete education for advancement.
4. Be enrolled in a minimum of 12 credit hours per semester.

For additional information contact:

Melba Herndon, Scholarship Chair

(417) 736-3228

JUNE M. BAKER SCHOLARSHIP

GREATER OZARKS BUSINESS WOMEN OF MISSOURI

PO Box 3075

Springfield MO 65808-3075

SCHOLARSHIP APPLICATION

Personal Information

Full Name: _____

Mailing Address: _____

City / State / ZIP: _____

Telephone: (Home) _____ (Work) _____

(Cell) _____

Email Address: _____

Birth Date: _____

Financial Information

Gross annual income of applicant: \$ _____ Gross annual family income: \$ _____

Number of people in family (include college age children if you are their sole support): _____

Sources of household income: _____

List other scholarships or fellowships you currently receive for the academic year including the amount:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Have you applied for financial aid? Yes _____ No _____

Other sources of income or assistance for the academic year (Pell Grants, ADC, HYD, etc):

_____ \$ _____

_____ \$ _____

_____ \$ _____

Projected educational expenses per semester:

Tuition: \$ _____ Books: \$ _____

Other (explain): \$ _____

Personal Achievements and Recognition:

Community Involvement:

Education: List schools attended, including any in which you are currently enrolled:

<u>Name of School or Institution</u>	<u>Field of Study</u>	<u>Year Graduated, Degree, and GPA</u>
Name: _____	_____	_____
Address: _____ _____	_____	_____
Name: _____	_____	_____
Address: _____ _____	_____	_____
Name: _____	_____	_____
Address: _____ _____	_____	_____
Name: _____	_____	_____
Address: _____ _____	_____	_____

Please describe why you are a candidate for scholarship assistance.

Please describe any special circumstances that influence your ability to continue or complete your education.

Summarize your present long-range career goals:

Upon completion of your program of study, how will you participate in and contribute to your community:

Program: _____

Expected Graduation Date: _____

Please attach Supporting Documentation:

- a. A current transcript (can be an unofficial copy)
- b. A copy of your current resume.
- c. The names of three people (academic, professional or personal) willing to provide personal references or recommendations for you (include addresses and telephone numbers).

Disposition of Application:

I understand that this application and the supporting documentation becomes the property of Greater Ozarks Business Women of Missouri. June M. Baker Scholarship Fund and the fund managers shall have discretionary authority in any matter pertaining to this award.

Scholarship Amount:

I understand that \$500 will be awarded in one payment during the Fall Semester of any academic year to a student enrolled for a **minimum of twelve (12) credit hours per semester** and meeting eligibility requirements. I further understand that the purpose of this scholarship is to assist a student through the academic program from initial award to graduation, and that I may qualify for ongoing assistance based upon academic achievement and continuing pursuit of my degree.

Reapplication:

I understand that I may apply for continued assistance from the June M. Baker Scholarship Fund. To qualify for continued assistance from the fund, I must be enrolled for a **minimum of twelve (12) hours per semester, maintain a 3.25 grade point average, and submit a current copy of my transcript with a letter requesting extension of the scholarship each year** during my program at Cox College of Nursing and Health Sciences.

Taxation:

I understand that the scholarship award may be taxable in the United States and that reporting of such income is my sole responsibility.

I certify that the information contained in this application is complete and accurate to the best of my knowledge and I will notify Greater Ozarks Business Women of Missouri if there are any changes.

Signature of Applicant

Date

Submit completed application and documentation to:

Melba Herndon
Greater Ozarks Business Women of Missouri
PO Box 3075
Springfield MO 65808-3075

JUNE M. BAKER SCHOLARSHIP

GREATER OZARKS BUSINESS WOMEN OF MISSOURI

AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

I have been accepted into a degree program at Cox College of Nursing and Health Sciences, and began or will begin the program on _____.

I have applied for financial aid: Yes _____ No _____

I hereby give permission to the Financial Aid Office at Cox College of Nursing and Health Sciences to release my financial aid information to the June M. Baker Scholarship committee of Great Ozarks Business Women of Missouri as requested for scholarship consideration.

I understand that the June M. Baker Scholarship amounts to \$500 annually and may be used at my discretion.

I understand that I may continue to apply for the June M. Baker Scholarship each year I am enrolled in the Cox College of Nursing and Health Sciences.

I understand that I am also encouraged to apply for the Federated Business Women of Missouri scholarship at web site www.businesswomenmo.org.

I understand that the information released to the June M. Baker Scholarship committee by the Cox College of Nursing and Health Sciences financial aid office will remain confidential and will not be transferred to any other source.

Signature of Applicant

Date