

Missouri AfterSchool Network Afterschool Works Youth Scholarship

2017 Information & Application Form

Eligibility Requirements:

This scholarship is available to:

- 1. **Graduating** high school seniors
- 2. Students who have been accepted to a full-time community college, 4-year college or university, or vocational/technical school
- 3. Students with a minimum high school 2.5 GPA
- 4. Must be a U.S. Citizen
- 5. Participation in a before-, afterschool, or summer learning program.

Evaluation Criteria:

This is a competitive application process and all requirements carry weight in the review process. Not all applicants will receive a scholarship. Applications will be reviewed by the MASN-Afterschool Works Scholarship Committee and scholarships awarded accordingly. Applicants may be contacted by the Scholarship Committee during the review period for additional information requests.

Required materials must be postmarked by: April 30, 2017. Incomplete, late or electronic submissions will not be accepted.

Mail completed applications to:

Missouri AfterSchool Network Afterschool Works Scholarship ATTN: Casey Hanson 1110 S. College Avenue Columbia, MO 65211

Awards:

- A scholarship of \$500 is awarded to one student annually.
- Awards will be made by July 31, 2017
- Only the award winners will be notified-please no calls

The Missouri AfterSchool Network does not discriminate of the basis of religion, race, ethnicity, gender, sexual orientation, age, socio-economic status, marital status or disability.

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Applications Must Include the Following for Consideration:

- Afterschool Works Scholarship Application completed in full
- Written essay as directed in the application
- Copy of acceptance letter from community college, university, or vocational/technical school you plan to attend in the Fall of 2017
- Completion of form (page 7) to confirm participation in a Before-, afterschool, or summer learning program by Supervisor confirming your participation in a before and/or after school program either as an enrollee in the program or as a volunteer. Bonus points will be awarded if the applicant has been both enrolled and participated as a volunteer in a before-, afterschool, or summer program.
- Two letters of recommendation (only two will be accepted)
- Official transcript(s) with signature and/or official school seal
- 2.5 minimum GPA

Afterschool Works Scholarship Expectations:

- Maintain good standing in post-graduate institution.
- Agree to attend MASN events when available and speak about the importance and value of before-, afterschool, and summer learning programs, and proactively promote the mission of the Missouri AfterSchool Network.

Scholarship Fund Disbursement:

The scholarship award will be paid in one full amount during Fall Semester or divided by semester (based on school) and paid directly to the college, university or vocational/technical school for the purpose of defraying tuition and additional fees, books or supplies. Award must be used during the academic year in which they are granted. Any unused funds are to be returned to MASN-Afterschool Works.

Questions?

Please contact Casey Hanson of the Missouri AfterSchool Network at (573) 882-9665 or hansoncb@missouri.edu.

Missouri AfterSchool Network-Afterschool Works Scholarship Application

All sections MUST be completed in order for our application to be considered. This form by itself is not a complete application package. Carefully check each section to make sure you have provided the requested information.

All applications must be postmarked by April 30, 2017.

Late or incomplete applications will not be considered.

1.	Applicant	(P	lease '	type	or	print	clea	rly))
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Cell Ph	Are you a U.S. C	E-Mail Zip Citizen? Yes	No
State		Zip	No
	Are you a U.S. C	·	No
. <u></u>	Are you a U.S. C	Citizen? Yes	No
	School District	(if applicable)	
	School Fax (if a	vailable)	
	Cit	ty	Zip
eted semester of cial transcripts w	high school. Thes ill not be accepted	e MUST have s l. Please indica	signature and/o ate if transcripts
Sent Separate			
	eted semester of cial transcripts wi he Missouri AfterS	School Fax (if a Circle) S) that includes final grades for all ceted semester of high school. Thes cial transcripts will not be accepted the Missouri AfterSchool Network off Sent Separate	·

4. Reference Letters

Submit **two letters** (only two will be accepted) of recommendation (*Maximum 300 words*) from a non-related person such as: teacher, coach, community leader etc. Letters should include how long and in what capacity they have known you, general impression of you. Have each reference include their name, address and phone number in the letter. Please indicate if the letters will be mailed directly to the Missouri AfterSchool Network Office or included in the application packet.

of

Included	Sent Separa	ite	
Please include the recommendation.	contact information of	f the individuals who a	re writing letters
1			_
Name	Title		
	()		
Affiliation	Phone	E-mail	
2			_
Name	Title		
	()		
Affiliation	Phone	E-mail	-

5. **Essay**

Answer the following question:

How has participating in a before-, afterschool, or summer learning program impacted your pursuit of higher education or your future career goals? Describe what you have learned in the program, the positive impacts the program has had in your life, and/or how you think participation in the program will contribute to your future success.

Essay should be:

- Typed & double spaced
- 12 pt. Times New Roman or Arial font
- One inch page margins
- Minimum of two full pages and no more than three pages in length

**The essay will become property of the Missouri AfterSchool Network and may be used for future publications about afterschool.

Potential Area of Study:						
						Are you currently accepted for admission? Yes No If yes, please provide a copy of the acceptance letter.
To certify that all statements contained in the application are true and the essay submitted was written by the applicant please sign below.						
Signature: Date:						
Parent/Guardian Signature:	Date:					
-	packet.					
Initial here to authorize release of your name, photo and essay/letters/story for use by the						
Parent/Guardian	_ Date					
Applicant	_ Date					
By initialing here you are giving us authorization to share scholarship information with the institution you plan on attending in the fall of 2017.						
Parent/Guardian	_ Date					
	Are you currently accepted for admission? Yes No If yes, please provide a copy of the acceptance letter. If you have not received an acceptance letter at this time pleathe application process: In all areas where a signature or initials are required both the amust sign if applicant is under the age of 18. To certify that all statements contained in the application are was written by the applicant please sign below. Signature: Date: Parent/Guardian Signature: Date: Submission Requirements Please submit a color photo of yourself with your application please submit a color photo of yourself with your application please submit a color photo of yourself with your application please submit a color photo of yourself with your application please submit a color photo of yourself with your application please submit a color photo of yourself with your application please submit a color photo of yourself with your application please submit a color photo of yourself with your application please submit a color photo of yourself with your application please submit a color photo of yourself with your application please submit a color photo of yourself with your application please submit a color photo of yourself with your application please submit a color photo of yourself with your application please submit a color photo of yourself with your application please submit a color photo of yourself with your application please submit a color photo of yourself with your application please submit a color photo of yourself with your application please submit a color photo of yourself with your application please submit a color photo of yourself with your application please your					

The applicant understands that the grant of the scholarship is subject to interpretation of the application in the sole discretion of the committee and the extent by which the program is funded. The amount of funding will be discretionary with the management of MASN. The applicant by their initials hereon acknowledge that they have read and understand all the rules and requirements and agree to be bound by them. Applicant further certify that they meet the intent and criteria of the scholarship funds applied for as stated in their guidelines. Applicant realize that falsification of information will result in termination of any scholarship granted.

Parent/GuardianApplicant	Date
How did you hear about the MASN-Afterschool Works Scholars	nip?

FORM: Confirmation of	of Participation in a Before-, Afterscho	ool, or Summer Learning Program
Program Name:		
Location	Dates of Participa	ation (mm/yy)
I attended this program	m as a PARTICIPANT or assisted as a	VOLUNTEER. (Circle One)
FOR PROGRAM DIREC	CTOR OR SUPERVISOR TO COMPLETE	<u> </u>
Program Director or S	upervisor's Name:	
Phone	Email	
		participated in the above R (Circle One) during the above reported
-	oplicant complete at least 30 hours of tioned time period? YES NO NOT RE	volunteer service at your organization ECORDED
Signature		Date
Use the space below t participation in your p	o provide any comments or additional rogram:	I information about the applicant's
		
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APPLICANT NAME:_____

Missouri AfterSchool Network

Afterschool Works Scholarship

APPLICATION CHECKLIST

Your application packet <u>must be assembled in the order listed</u>, this simplifies the review process for the MASN selection committee as many applications are received annually. Your completed packet, in checklist order, should be clipped together and placed in one large envelope. Please do not submit bound applications. Check the boxes to ensure your packet is complete prior to submission.

0	THIS CHECKLIST
0	APPLICATION FORM (5 PAGES, DO NOT INCLUDE THE INSTRUCTION PAGES)
0	FORM TO CONFIRM PARTICIPATION IN BEFORE-, AFTERSCHOOL, or SUMMER LEARNING PROGRAM
0	OFFICIAL TRANSCRIPTS
0	2 LETTERS OF REFERENCE
0	ESSAY
0	ACCEPTANCE LETTER
0	COLOR PHOTOGRAPH (jpeg, gif or png)
0	NAME FILLED IN AT BOTTOM OF EACH PAGE OF APPLICATION.
0	OTHER (explain)
0	SUBMIT THE ENTIRE APPLICATION PACKET TOGETHER IN ONE ENVELOPE, NO E-MAIL SCANS OR FAXES WILL BE ACCEPTED