

Hurdle Buster Scholarship Program Application Form

Mail to: The Resilience Foundation, 13359 Jay Drive, Neosho, MO 64850. Questions? Call Chris Garrett (417) 592-8808.

Website: www.theresiliencefoundation.org.

Required fields are indicated by an asterisk (*).

Eligibility:

Applicants must meet these criteria to be eligible. Please initial.

- 1. _____* I confirm that I am a student in the 4-state area of Missouri, Arkansas, Oklahoma, or Kansas.
- 2. ____* I confirm that I wish to better my athletic or scholastic skills and am willing to do what is necessary to help me be successful in that area.
- 3. _____* I confirm that I am physically able to compete and work out regularly.
- 4. _____* If chosen for a scholarship, I have access to transportation to and from the complex.
- 5. *Name: _____

First name*

Middle name(s)

Last name*

- 6. If it is different than your formal name, what do you prefer to be called?
- 7. *Have you ever been awarded a scholarship of any kind before?

____Yes (Year: ______) or ____ No.

What was the scholarship for?

8. Home address: Street Address:

	Street Address:		
	City:	_State:	ZIP:
9.	*Primary telephone: ()		_
10.	Secondary telephone: ()		_
11.	E-mail:		-
12.	*Date of Birth (MM/DD/YYYY)://	/	
13.	*Do you have any siblings? Please list their n	_	
14.	*What school do you currently attend? Name:		
	City:*State:	*ZIP:	
15.	*What is your current GPA?		
16.	For high school seniors only—college admissi Attach photocopies of all score reports if you	•	test score(s).
	ACT SAT Other:		

Privacy Policy: All above and attached information will be reviewed by the Board of Directors of The Resilience Foundation. All financial information, addresses, phone numbers will be kept strictly private. No information will be released without prior consent of minor and their parent or guardian.

/. wna	What college would you like to attend, if any?			
Nan	ne:			
City	State: , or			
lf ur	decided, colleges under consideration are:			
.8. *Cla	ssification in upcoming Fall semester:			
	(freshman, sophomore, junior, senior)			
19. Wha	at degree(s) would you like to pursue?			
 20. *WI 				
 20. *Wł 21. *Lis	hat profession or field of employment do you wish to enter?			
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What does the scholarship committee need to know about you, in 1,000 words or less? Why do you want this scholarship?

Attach your essay to this form. The essay is limited to <u>no more than</u> 1,000 words, two print pages (approximately 6,000 characters). Recommendation: Carefully proof your essay and know that well-done short essays can be more impactful than a lengthy one.

23. *Parents or guardians names and addresses if different from yours.

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Mother's Name
Mother's Address
Mother's Address
Mother's Phone
Mother's Place of Employment
Mother's Monthly Salary
Father's Name
Father's Address
Father's Address
Father's Phone
Father's Place of Employment
Father's Monthly Salary
Custodial Guardian's Name
Custodial Guardian's Address
Custodial Guardian's Address
Custodial Guardian's Phone
Custodial Guardian's Place of Employment
Custodial Guardian's Monthly Salary

24. *Personal References:

Please have 3 people who know you write a referral letter explaining why they support you in your effort to apply for this scholarship. Please include their contact information and attach to this form. This can be a teacher, relative other than parent, pastor, coworker, or acquaintance.

25. *If you are the recipient of this scholarship, do you want to be recognized, including a picture, with the donor for receiving this membership?

26. *Certification Statement:

By signing my name below, I confirm that all the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed:_____Date:_____Date:_____

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