

MEL KOONSE MEMORIAL SCHOLARSHIP

Sponsored by *The Columbia Old Wheels Car Club*

Application for a ^{\$1,000}~~\$500~~ scholarship for Boone County High School Seniors continuing their education in an automotive related field of study.

(Previous recipients may reapply for scholarship renewal)

Personal Information:

Miss _____
Mr. _____
Mrs. _____ Soc. Sec. No. _____

Address _____ County _____

City _____ State _____ Zip _____

Date of Birth ____/____/____ Phone (____) ____-____

School Enrolled for Continuing Automotive Training:

Name of School _____

Address _____ Phone (____) ____-____

City _____ State _____ Zip _____

Major Area of Study: _____ Automotive Technology _____ Auto Body _____ Other

High School(s) Attended:

Name of School Attended/Graduated	Address	City & State	Dates
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Name of School Attended/Graduated	Address	City & State	Dates
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Additional Information:

What sources of financial aid have you applied for?

List three people we may contact as references. These people should be able to discuss your scholastic ability, work habits, attitude and character (these people should NOT be close personal friends or relatives):

1. _____
Name _____ Address _____ Phone _____

2. _____
Name _____ Address _____ Phone _____

3. _____
Name _____ Address _____ Phone _____

PERSONAL GOAL STATEMENT - Submit a statement relative to your educational and vocational goals. You might include what your plans and aspirations are for the future and what values you hold to be important to your development. Please attach additional pages if needed.

Please list below all high school and community activities and organizations in which you have participated, including offices held, special committee assignments, honors achieved and awards granted. Indicate length of membership or term(s) of service. Please attach additional pages if needed.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Signature of Applicant

____/____/____
Date

MUST BE COMPLETED BY THE HIGH SCHOOL COUNSELOR OR PRINCIPAL, OR AN OFFICIAL HIGH SCHOOL TRANSCRIPT MUST ACCOMPANY THIS APPLICATION.

Date of High School Graduation _____/____/____

High School Rank _____/
Position in Class / Number of Seniors

ACT Score _____ (If Available)

Grade point Average _____

Signature of High School Counselor or Principal

Title

Office Phone Number

____/____/____
Date

Mail completed applications to:
Old Wheels Car Club
P.O. Box 1917
Columbia, MO. 65205