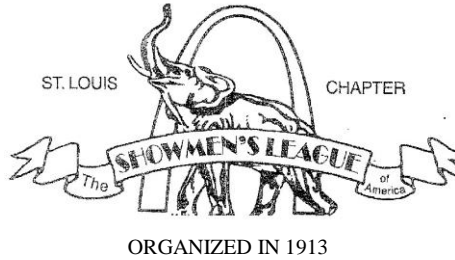


YOUR SUPPORT IS APPRECIATED



SCHOLARSHIP

APPLICATION

ORGANIZED IN 1913

Please answer **ALL QUESTIONS ON BOTH SIDES** (type or print legibly please). Failure to provide **ALL** information may disqualify your application.

1. You must be a full-time student with a minimum of 12 credit hours.
2. You must submit the appropriate **OFFICIAL** grade transcripts:
 - *Complete High School transcript - including first term of 12th grade with GPA of 2.50 minimum.
 - *College - must submit the appropriate original transcripts sealed for your current level, including GPA of 2.50 minimum.
3. College graduate students are ineligible for this program.
4. **NO XEROX OR FAX COPIES OF TRANSCRIPTS WILL BE ACCEPTED! UNOFFICIAL TRANSCRIPTS WILL NOT BE ACCEPTED!**
5. Scholarship committee will review applicants on a case by case basis.
6. Send in the application, official sealed transcript, one page essay detailed how our industry has influenced you, and picture at one time. **Partial information will not be accepted!**
7. Eligibility for consideration by the Scholarship Committee shall be as follows:
 - *Be a member, son or daughter, sister or brother, grandchild of an active member or sponsored by an active member.
 - *Have application, sealed transcript, essay and picture postmarked no later than **FEBRUARY 1ST ANNUALLY!**
 - *Must be submitted personally. No other person may make application on behalf of student.
 - *Winners will be notified by mail. Then **proof of entry (registration) will need to be sent to Scholarship committee before checks will be mailed out.**
7. Original transcripts from Spring semester need to be postmarked no later than **JUNE 15TH ANNUALLY** for your fall checks to be mailed. Fall semester need to be postmarked no later than **FEBRUARY 1ST ANNUALLY.**
8. Please submit all information to:

SHOWMEN'S LEAGUE OF AMERICA
 ST. LOUIS CHAPTER
 Mary Chris Smith
 10451 Gulf Blvd.
 Treasure Island, FL 33706
 727-560-2654
mcsmith@alliedspeciality.com

NAME: _____ TELEPHONE #: _____

SOCIAL SECURITY #: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAMES OF PARENT(S) or GUARDIAN(S): _____

FAMILY MEMBER THAT IS A MEMBER OF S.L.A. - ST. LOUIS CHAPTER: _____

RELATIONSHIP TO THIS PERSON: _____

WHAT OTHER SHOWMEN'S ASSOCIATION ARE YOU OR FAMILY A MEMBER OF: _____

DO YOU WORK?(YES/NO) _____ HOURS PER WEEK? _____ WHERE? _____

FATHER'S OCCUPATION: _____ COMPANY: _____

MOTHER'S OCCUPATION: _____ COMPANY: _____

NUMBER OF DEPENDENT'S LIVING AT HOME? _____ SIBLINGS ATTENDING COLLEGE? _____ HOW MANY? _____

ARE YOU PRESENTLY ATTENDING COLLEGE? _____ WHERE? _____

SOURCES OF FINACIAL AID FOR COLLEGE? _____

PARENT'S OR GUARDIAN CONTRIBUTION(YES OR NO): _____ AMOUNT:\$ _____

YOUR CONTRIBUTION(YES OR NO): _____ AMOUNT:\$ _____

OTHER CONTRIBUTION(WHO): _____ AMOUNT:\$ _____

HAVE YOU APPLIED FOR FINANCIAL AID THROUGH THE COLLEGE?: _____ AMOUNT:\$ _____

HAVE YOU APPLIED FOR OTHER SCHOLARSHIPS(WHO)?: _____ AMOUNT:\$ _____

TOTAL ESTIMATED COST PER TERM:\$ _____ TUITION:\$ _____

BOOKS:\$ _____ DORM:\$ _____ COMMUTE:\$ _____ OTHER:\$ _____

TYPE OF TERM (CIRCLE ONE) SEMESTER QUARTER TRI-MESTER

WHAT TYPE OF DEGREE WILL YOU BE PURSUING? (CIRCLE ONE) ASSOCIATE BACHELORS OTHER

*IF OTHER PLEASE EXPLAIN: _____

ANTICIPATED DATE OF GRADUATION FROM COLLEGE: _____

WHAT IS YOUR ANTICIPATED COURSE STUDY IN COLLEGE?: _____

FIRST CHOICE OF COLLEGE: _____ APPLIED: _____ ACCEPTED: _____

ADDRESS _____ CITY: _____ STATE: _____ ZIP: _____

SECOND CHOICE OF COLLEGE: _____ APPLIED: _____ ACCEPTED: _____

ADDRESS _____ CITY: _____ STATE: _____ ZIP: _____

CLASS RANK: _____ OF _____ CUMMULATIVE GPA: _____ (IF WEIGHTED OR NOT ON 4.0 SCALE PLEASE NOTE)

SENIOR PLACEMENT TEST: _____ SAT SCORE: _____ ACT SCORE: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____