Clevenger Family Scholarship

All current Seniors of Sweet Springs R-7 Public Schools are eligible for this scholarship.

Please complete both sides and return to Mrs. Weber by March 8, 2023.

Please note this scholarship needs to be claimed by August 15th or it will be forfeited. Proof of enrollment is needed and payment will be made to recipient and trade school/college. Preference will be given to those showing the most financial need.

Name:				
Address:				
Parent or guardia	ans name:			
•••••			BY THE HIGH SCHOOL COUNSELOR	•••••
			ACT Composite Score:	
			?	
Where do you pla	an to live whil	e attending?		
What will be your	college majo	or?		
Please explain wh	ny have you cl	nosen this major? (Yo	ou may attach a separate she	et).
Number of family	members liv	ing at home?		
How many will be	e attending co	ollege this fall, includi	ng yourself?	

In the space below explain why you need financial assistance to attend college.
In the space below provide one paragraph on why you feel you should receive this scholarship.
Briefly summarize your school and community activities. List organizations of which you are a member, offices held and awards you have earned. (You may attach a separate sheet).