

**Sappington School Fund
Saline County, Missouri
Grant Application**

All current seniors of Sweet Springs R-7 High School are eligible for this scholarship.
Please complete both pages and return to Mrs. Weber by March 8, 2023.

Students Full Name: _____

Home Address: _____

Birthdate: _____ Phone: _____

Father or Male Guardian: _____

Address if Different: _____

Occupation: _____ Employer: _____ Annual Income: _____

Mother or Female Guardian: _____

Address if Different: _____

Occupation: _____ Employer: _____ Annual Income: _____

College or School to be Attended: _____

College Major or Degree: _____

Anticipated education expenses this coming school year:

Tuition: _____ Room and Board: _____

Other scholarships, grants and loans you are receiving (add additional sheet if necessary):

Source: _____

Amount Per Year: _____ Is this Scholarship Renewable: Yes No

Source: _____

Amount Per Year: _____ Is this Scholarship Renewable: Yes No

Children in the Family Living at Home:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Children Currently Enrolled in College:

Name: _____ Age: _____

College: _____

No. of Semesters Attended: _____ Anticipated Graduation Date: _____

Name: _____ Age: _____

College: _____

No. of Semesters Attended: _____ Anticipated Graduation Date: _____

List name and telephone number of two former teachers for student reference:

List name and telephone number of two personal references for student (not teachers):

List major community activities you have been active in (attach additional sheet if needed):

The above statement, with the forms attached, is correct and is made for the purpose of receiving aid for the education of the named student from the Sappington School Fund.

Signature of Parent or Guardian

Signature of Applicant