



# MQHA CHALLENGE SCHOLARSHIP

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Applicant, please provide the following information in typewritten form. You may attach any other information to the application form you feel the selection committee needs to take into consideration.

## **CATEGORY I**

Academic:

- a. Show proof of enrollment into an institution of higher education (college, university, or trade school) by means of a letter of acceptance, your most recent academic record, or a letter of recommendation from a faculty member or counselor.
- b. Provide a short essay outlining your academic purpose and goals (one typed Page, double spaced.)

## **CATEGORY II**

MQHA Involvement:

- a. List your past involvement in MQHA, MAQHA or MQHYA.
- b. Submit a letter of recommendation validating your continued active Involvement in MQHA, MAQHA or MQHYA.

## **CATEGORY III**

Financial Need:

- a. Identify circumstances that you want the selection committee to consider.



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This \$1000 scholarship is available to active members of the MAQHA and MQHYA who are attending a college or trade school and will be disbursed over two semesters to their chosen institution.

Recipients will be chosen by an independent selection committee. One MQHA members will sit for multiple years on the selection committee for continuity, but all other members will change annually.

The scholarship is available to past recipients every other year, and will require the submission of a new application form. The selection committee will also be given a copy of the applicant's original application information for their use.

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Please type application (including essay) and return completed form to: MQHA Challenge Scholarship, Attn: Linda Risner, 911 Creamery Road, West Plains, MO 65775. Questions can be directed to Linda Risner at (417) 256-5174 or Mary Sheid at (417) 256-5669.

**Applications must be postmarked by May 1<sup>st</sup>.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Parent's Phone:** \_\_\_\_\_

**College/University/Trade School**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

