

RED RIVER OPTIMIST CLUB SCHOLARSHIP FUND
TERMS AND CONDITIONS

- I. Red River Optimist Club will sponsor one \$500 scholarship for each of the fall and spring semesters of the succeeding academic year. Monies to be payable to either Midwestern State University or Vernon College.
- II. Selection of recipients will be based primarily on past academic achievements, entering test scores, financial need, and potential for a successful college career.
- III. Upon award of the scholarship, recipients must enroll each fall and spring semester as full-time students (minimum 12 hours) at Midwestern State University or Vernon College and have a declared major in either nursing or education.
- IV. Applicants must reapply each semester.
- V. Applications for scholarships are available through Midwestern State University's Donor Services and Scholarships web site, or through Vernon College Education and Nursing departments, or the Red River Optimist Club. Completed application should be mailed to:

Red River Optimist Club
Attention: Scholarship Committee
P.O. Box 4702
Wichita Falls, TX 76308

Incomplete applications will not be accepted.

- VI. Deadline dates for scholarship applications are as follows:
Fall semester: June 1
Spring semester: November 1

Recipients will be selected by the Committee of the Red River Optimist Club Scholarship Fund.



Red River Optimist Club
 P.O. Box 4702
 Wichita Falls, TX 76308



SCHOLARSHIP APPLICATION

INSTRUCTION FOR COMPLETING APPLICATION

1. Terms & conditions for application are attached. Please read carefully.
2. Application is to be completed by applicant.
3. Please type or print clearly.
4. Attach the following to completed applications:
 - a. Three (3) character reference letters
 - b. Transcript of courses completed
 - c. A biographical statement, including educational background, financial need, and other pertinent information about yourself
5. Send completed application with attachments to:

**Red River Optimist Club
 Attention: Scholarship Chairman
 P.O. Box 4702
 Wichita Falls, TX 76308**

Applicant's Name: _____ Soc. Sec. Number: _____
 Permanent Address: _____ Date of Birth: _____
 City, _____ State, _____ Zip: _____ Telephone: _____
 Age: _____ Marital Status: _____ Number of Dependents:
 Are you currently employed? Yes No Dates of Employment: _____
 Employer: (Current or Last, if any) _____ Salary/Wages\$ _____
 Address: _____ City, _____ State, _____ Zip: _____
 Employer's Telephone: _____
 If Less than 6 Mos., Name of Previous Employer: _____

Source and Amount of Funds Available to Applicant for Semester in Which Scholarship is Requested:

Own Income: \$ _____ Parent: \$ _____ Other: \$ _____
 Scholarships \$ _____ Spouse: \$ _____

Identification of Individual(s) Providing Assistance

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City, _____ State, _____	City, _____ State, _____
Zip: _____ Phone: _____	Zip: _____ Phone: _____
Place of Employment: _____	Place of Employment: _____

Name of Nearest Relative Not Living With You: _____ Relationship: _____
Address: _____ City, _____ State, _____ Zip: _____
Home Telephone: _____ Work Telephone: _____

Educational Institution Applicant is Now Attending

Institution's Name: _____ Address: _____
City, _____ State, _____ Zip: _____ Telephone: _____

Academic Classification (Check One):

_____ High School Senior _____ College Sophomore _____ College Senior
_____ College Freshman _____ College Junior _____ Graduate Student
_____ Other (Specify)

Education Institution in Which Enrollment is Desired (Check One)

Midwestern State University
Wichita Falls, TX 76308

Vernon College
Wichita Falls, TX or Vernon, TX

Course of Study: **EDUCATION or NURSING**
Circle One

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Degree Sought: _____
Expected Date of Completion: _____
Tuition/Fees Per Semester: \$ _____

Degree Sought: _____
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Tuition/Fees Per Semester: \$ _____

Additional Information About Applicant

Brief Description of Financial Necessity

I hereby certify that the information given above is true and correct to the best of my knowledge.

Signature of Applicant

Date of Application
