Missouri Tire Industry Scholarship Fund NOMINATION LETTER

Please complete form and return to:	
Missouri Tire Industry Scholarship Fund PO Box 1326 Jefferson City, MO 65102	
Member Name:	
Understanding the importance and ben nominateScholarship Fund. I can attest that this candidate behaviorally and academically, of a worthy rec	ate has displayed all of the characteristics,
Signature	Date
NOMINEE'S NAME	
ADDRESS	
PHONE NUMBER ()	
SCHOOL	GRADE/CLASS
EXPECTED GRADUATION	

Missouri Tire Industry Scholarship Fund CONFIDENTIAL STUDENT APPLICATION PART I

Complete and return with current photograph to: Missouri Tire Industry Scholarship Fund PO Box 1326 Jefferson City, MO 65102

NAME OF APPLICANT	AGE:	_
ADDRESS:		_
PHONE: ()		_
HIGH SCHOOL:		_
SCHOOL ADDRESS:		_
PRINCIPAL OR COUNS	ELOR:	_
	VITIES:	
	MPLOYMENT WHILE ATTENDING SCHOOL:	
LIST COMMUNITY AC	'IVITIES:	,
NAMES OF COLLEGES	APPLIED TO OR CURRENTLY ATTENDING:	
1 2	ACCEPTED AT THIS DATE: YESNO	
APPLYING FOR APPLYING FOR	SCHOLARSHIP (COMMUNITY COLLEGE OR VOCATION SCHOLARSHIP (FOUR YEAR COLLEGE OR UNIVERSITY	AL))
FIELD OR TRAINING F	LANNED:	_
HOW DO YOU PLAN T	FINANCE YOUR EDUCATION?	_

ESSAY: (Limit 200 words or less. May be neatly hand written, printed or typed.) WHY DO YOU THINK A COLLEGE EDUCATION IS IMPORTANT TO YOU AND HOW WILL IT AFFECT YOUR FUTURE.

Missouri Tire Industry Scholarship Fund CONFIDENTIAL PARENT APPLICATION PART II

Form must be completed by parent or guardian and returned to: Missouri Tire Industry Scholarship PO Box 1326 Jefferson City, MO 65102

NAME OF APPLICANT:	
ADDRESS:	
PHONE: ()	
HIGH SCHOOL:	
PARENT'S ADDRESS:	
APPLICANT'S PLACE OF EMPLOYMENT:	
MOTHER"S PLACE OF EMPLOYMENT:	-
FATHER"S PLACE OF EMPLOYMENT:	-
Parents' Gross Annual Income as of December 30 last year: \$	
Applicant's Gross Annual Income as of December 31st last year: \$	
Are funds available to finance education? Amount \$	
The school above has my permission to provide behavioral record information for tapplication named above.	he student
Parent or Guardian Signature	

NOTE: OTHER FACTORS BEING EQUAL AMONG APPLICANTS FINANCIAL NEED WILL BE CONSIDERED AS ONE CRITERIA IN SELECTION OF THE SCHOLARSHIP RECIPIENT.

Missouri Tire Industry Scholarship Fund CONFIDENTIAL STUDENT INFORMATION PART III

The principal, guidance counselor, teacher or other school official who has/had the closest personal contact with the applicant must complete this form and return to:

Missouri Tire Industry Scholarship PO Box 1326 Jefferson City, MO 65102 NAME OF APPLICANT: APPLICANT EVALUATION SUMMARY LEADERSHIP INFLUENCE PERSONALITY **EMOTIONAL STABILITY** _____ Exceptional _____ Strong _____ Superior _____ Average _____ Pleasing ____ Good _____ Average _____ Neutral Weak Poor ____ Negligible _____ Displeasing CONTRIBUTION TO SCHOOL PERSONAL RESPONSIBILITY **INTEGRITY** _____ Accepts Fully _____ Exceptional _____ Exceptional Accepts Partially Above Average _____ Above Average _____ Average Sometimes Refuses _____ Average _____Questionable _____ Usually Refuses _____ Negligible PERSONAL INITIATIVE ACADEMIC PROMISE _____ Excellent _____ Self Starter _____ Responds to Prodding ____ Good ____ Needs to be pushed _____ Average _____ Fair _____ Negligible _____ Poor Do you feel this applicant honestly needs this scholarship? Yes _____ No _____ Please describe the applicant's major strengths and weaknesses Have there been any unusual factors, in or out of school, which have affected the applicant's classroom or personal performance?

and potential. Please use a separate sheet if necessary. A letter of recommendation from an instructor may be used.

Signed: Title: Date:

Additional comments: Please give your frank evaluation of the above applicant's qualifications