



[wlcsrf.org](http://wlcsrf.org)  
William L. Clay  
Scholarship &  
Research Fund

# 2017 APPLICATION

1. Responses to questions on this form may be printed or typed. All application material must be submitted to:

**The William L. Clay Scholarship Review Committee**  
P.O. Box 4693  
St. Louis, MO 63108

2. Your complete application must be enclosed in **one envelope** and include the following:
  - a. Applicant Information including **autobiographical statement**
  - b. **Three Letters of Recommendation** from school officials, community or religious leaders
  - c. **Official Transcript:** Complete school record including most recent grades
  - d. **College Entrance Scores:** ACT or SAT scores
  - e. Signed copy of parent's **2016 Federal Income Tax Form** or Income Verification Form. **Note: W-2 Form(s) and Pay stubs are not acceptable**
  - f. A copy of your voter registration card
3. Your application must be received by **March 15, 2017**.
- 4.
5. All applications and documents received by the Scholarship Review Committee are the property of the William L. Clay Scholarship and Research Fund. These documents will not be returned.

## **ELIGIBILITY DETERMINATION**

1. Applicant must be a high school senior.
2. Applicant must **reside** within the **1<sup>st</sup> Congressional District** of Missouri and must **maintain** residency within the **1<sup>st</sup> Congressional District** as long as the scholarship award is being received.
3. Applicant must demonstrate financial need.
4. A counselor, advisor, teacher, principal or others familiar with the character and academic ability of the applicant should originate recommendation/nomination.
5. Applicant must plan to enroll in a college or university on a full-time basis (minimum of 12 credit hours).
6. Applicants must be available for a personal interview with the Scholarship Review Committee.
7. Applicants who are seventeen and 6 months of age must be registered voters.
8. Applicant will be considered on the basis of academic achievement, financial need and potential.

## **SCHOLARSHIP AWARDS**

- Notification of scholarship award(s) will be forwarded no later than **June 30, 2017**.
- The amount of each award will be determined by the availability of Scholarship Funds for each given year.
- The WLCSRF Scholarship is renewable if an acceptable grade point average is maintained and student is enrolled on a full-time basis (minimum of 12 credit hours).
- **All scholarship recipients are required to forward certified transcripts at the end of each semester before continuing eligibility can be determined.**
- No scholarship award will be paid to any recipient's school until continuing eligibility is determined.

**NO APPLICANT WILL BE DENIED PARTICIPATION BASED ON RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, SEXUAL ORIENTATION, OR DISABILITY.**

# WILLIAM L. CLAY SCHOLARSHIP & RESEARCH FUND

## 2017 Application

### Applicant Information

Name: \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
\_\_\_\_\_

City State Zip Code

Telephone Number \_\_\_\_\_

Gender: Male:  Female:  Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current School: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

City State Zip Code

Is your school:  Private  Public  Parochial

With which ethnic group do you identify (optional):  Hispanic  White  Black  Asian American  Native American  Other

Are you 17 years and 6 months of age or over?  Yes  No

If you answered yes to the above question, are you a registered voter?  Yes  No

Who do you presently reside with:

Mother  Father  Mother and Father  Legal Guardian or Next of Kin

Foster Parents  Other \_\_\_\_\_  
Please indicate whom & relationship

### Family Information & Background

**FATHER:**  Living  Deceased

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthplace: \_\_\_\_\_ SSN: \_\_\_\_\_  
City/State

# WILLIAM L. CLAY SCHOLARSHIP & RESEARCH FUND

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

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer address: \_\_\_\_\_  
\_\_\_\_\_

Level of Education:     Some High School             High School Graduate  
                                  Some College  
                                  College Graduate: Degree Type: \_\_\_\_\_

**MOTHER:**     Living             Deceased

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthplace: \_\_\_\_\_ SSN: \_\_\_\_\_  
City/State

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

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer address: \_\_\_\_\_  
\_\_\_\_\_

Level of Education:     Some High School             High School Graduate  
                                  Some College  
                                  College Graduate: Degree Type: \_\_\_\_\_

**LEGAL GUARDIAN, FOSTER PARENT OR NEXT OF KIN (Please complete if other than your mother or father):**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthplace: \_\_\_\_\_ SSN: \_\_\_\_\_  
City/State

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

Email Address: \_\_\_\_\_

# WILLIAM L. CLAY SCHOLARSHIP & RESEARCH FUND

Employer Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer address: \_\_\_\_\_

Level of Education:     Some High School                       High School Graduate  
                                  Some College  
                                  College Graduate: Degree Type: \_\_\_\_\_

## Additional Student Information

Please check if you are interested in attending one of our partnership schools:

Harris-Stowe State College                      Date Application Submitted: \_\_\_\_\_

University of Missouri St. Louis                      Date Application Submitted: \_\_\_\_\_

Planned Major in College: \_\_\_\_\_

**NOTE:** The deadline for the 2017 [Free Application for Federal Student Aid \(FAFSA\)](#) is **June 30, 2017**. You may use the FAFSA to apply for aid from the state or colleges, however, deadlines for state and college aid can differ from the federal deadline. As a result, you may need to complete additional forms.

We strongly encourage you to contact financial aid administrators at the colleges you're applying to and/or your high school guidance counselor about deadlines for state and college student aid.

# WILLIAM L. CLAY SCHOLARSHIP & RESEARCH FUND

On a separate sheet of paper, please answer the following questions.  
Limit your answers to your experiences during the past four years.

1. Honors/Awards/Talents (give a brief description and indicate dates received).
2. Elected positions and/or leadership in school or community organizations (describe roles/responsibilities and indicate dates participated).
3. Extracurricular Activities (Sports, Clubs, Community, or Religious activities). Describe involvement and dates participated.
4. Employment/Internship (Please indicate name of employer/supervisor, length of employment/internship and number of hours per week).
5. Community Service (Please describe service and dates participated).
6. Autobiographical Statement: This section offers an opportunity for you to help us become acquainted with you. Tell us something about yourself, your interests and your career goals. With this in mind, please type or print legibly a 150 to 300-word autobiography.

My signature below indicates that all the information contained in my application is factually correct and honestly presented.

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Signature

Date