



## **2024 Scholarship Program Guidelines**

### **Purpose:**

The Northwest Missouri Docudrama Scholarship Fund will award this scholarship to college-bound high school seniors based on academic achievement and an express interest in pursuing education in Emergency Medical Services, Nursing, Fire and Disaster Management or related field.

### **Program Guidelines & Priorities:**

- \* Seeking graduating seniors who reside in NWMO or SWIA and are students of participating area schools in the annual Docudrama held in Maryville. Consideration will be given to the students' community service records.
- \* Applicants must have a minimum GPA of 3.0 and plan to attend a 2- or 4-year college or technical school.
- \* Scholarship funds will be paid directly to the college and not to the student. It will be the student's responsibility to submit proof of enrollment, student ID number and college information to the Docudrama Scholarship Committee.
- \* Applicants must have the endorsement of their Guidance Counselor on their application attesting they are a qualified fit for this scholarship program. Application deadline is the end of the school day on April 12, 2024. Late applications will not be accepted.
- \*The applications will be reviewed, and recipients selected by a committee consisting of volunteers from the Northwest Missouri Docudrama Committee. Selected candidates will be chosen for an interview process to choose the top recipient. The scholarships will be awarded on or before May 1, 2024.

Submit any questions to: [NWMODocudrama@yahoo.com](mailto:NWMODocudrama@yahoo.com)  
or call Angee @ 660-541-1279 or Melody @ 660-254-2678.

## SCHOLARSHIP APPLICATION 2024

Please **type** your answers.

1.	Last Name:	First Name:
2.	Mailing Address Street: City: <span style="float: right;">State: <span style="float: right;">Zip:</span></span>	
3.	Daytime Telephone Number: (        ) Email Address:	
4.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required	
5.	Name and location of High School attending:	
6.	<p><b>If your resume or activities sheet answers question 6, please attach and skip to Question 7.)</b></p> <p>A. List any academic honors, awards, and membership activities while in high school:</p> <p>B. List your hobbies, outside interests, extracurricular activities, and school related volunteer activities:</p> <p>C. List your non-school sponsored volunteer activities in the community:</p>	
7.	<p>A. If you have decided on what college you will attend, please list school name:</p> <p>B. If not, list your top 3 college choices:</p>	
8.	<p>Name &amp; address of parent(s) or legal guardian(s): <b>(Include address if different than your own listed in Question 2.)</b></p> <p>Name(s): Street: City: <span style="float: right;">State: <span style="float: right;">Zip:</span></span></p> <p>Home phone of parents or legal guardians: <span style="float: right;">Work phone:</span></p>	
9.	<p><b>On a separate sheet please draft an essay (250 - 500 words) answering the questions below:</b></p> <p>Describe what made you decide to pursue a degree in Emergency Medical Services, Nursing, Fire and Disaster Management or related field. Also, what career plans you have in this field after you graduate.</p>	

## STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Foundation's scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, it is my responsibility to remit to the Committee the appropriate information for my scholarship and that funds to be paid directly to my educational institution for my first year of college.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of student's parent or legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Northwest Missouri Docudrama.

Name of Guidance Counselor submitting the application:

\_\_\_\_\_ High School: \_\_\_\_\_

Contact information (email and phone): \_\_\_\_\_

**Signature of Guidance Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Checklist

- Application
- Essay
- Resume/Activity Sheet
- Student/Parent signatures
- Guidance Counselor Signature
- School Transcript

**EMAIL COMPLETE APPLICATION PACKAGE TO THE COMMITTEE AT:**

[NWMODocudrama@yahoo.com](mailto:NWMODocudrama@yahoo.com)

**ONLY EMAIL SUBMISSIONS WILL BE ACCEPTED**

**REMINDER: The deadline for this application is: April 12, 2024, NO EXCEPTIONS!**