The Alumni Legacy Scholarship is a $500 competitive scholarship awarded to children or grandchildren of Missouri Valley College degreed alumni. Recipients are selected each year by the Awards and Recognition Committee of the Board of Directors of the Alumni Association.

The Alumni Legacy Scholarship may be received in combinations with other scholarships; however, the total may not exceed the cost of tuition at Missouri Valley College.

To be eligible to apply for this competitive award, applicants must meet the following criteria:
1) Be the son or daughter/grandson or granddaughter of a Missouri Valley College alumnus who has earned a four-year degree at Missouri Valley College
2) Be a graduating high school senior and earn a minimum high school cumulative grade point average of 3.0 or a current MVC student with a minimum cumulative grade point average of 3.0.
3) Demonstrate outstanding leadership abilities in extracurricular activities
4) Possess high standards of character as evidenced by a letter of recommendation

Application Procedures
To be considered, you must submit in one envelope:
   This Alumni Legacy Scholarship application
   A list of school and community activities
   A list of scholastic honors received
   An essay describing your personal goals
   One letter of recommendation

Submit this application and all supporting documents to:
Admissions Office
Missouri Valley College
500 East College
Marshall, Missouri 65340
Application Deadline: September 15
Application

*Please print or type*

Name ____________________________________________

Permanent Address ______________________________________

Street ________________________________________________

City State Zip ________________________________________

Social Security Number ______-____-_______

Home Phone (_____)_____________

Name of High School ____________________________________________

Address ________________________________________________

Street ________________________________________________

City State Zip ________________________________________

Anticipated Major: ____________________________________________

Why I decided to attend Missouri Valley College:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Activities
Attaches a list of college and/or high school activities and community activities in which you have participated; indicate offices held and the numbers of years of membership.

Honors
Attach a list of scholastic honors you have received. (Both high school and college)

Personal Goals
Attach a brief essay describing your educational and vocational goals. Describe your purpose in pursuing a college education and indicate how this experience is related to your career objectives.
Parent Data
List the name your parent(s)/or grandparent(s) used while enrolled at MVC, their social security number(s) and year(s) of graduation from MVC.

<table>
<thead>
<tr>
<th>MOTHER’S/GRANDMOTHER’S NAME</th>
<th>SOCIAL SECURITY #</th>
<th>DATE OF GRADUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MOTHER’S/GRANDMOTHER’S CURRENT ADDRESS

<table>
<thead>
<tr>
<th>FATHER’S/GRANDFATHER’S NAME</th>
<th>SOCIAL SECURITY #</th>
<th>DATE OF GRADUATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FATHER’S/GRANDFATHER’S CURRENT ADDRESS

References
Submit a letter of recommendation to support your application for the Alumni Legacy Scholarship. Select one reference from the list of categories: (should not be member of your immediate family)

1) School administrator
2) Faculty member (teacher, coach, club sponsor, etc.)
3) A person not associated with the college

Your letter of recommendation should be submitted in the same envelope as your application.

-------------------------------------------------------

High SchoolSeniors must have the form below completed and signed by your counselor or principal.

High School Counselor/Principal Verification
*Must be completed by the High School Counselor or Principal

High School Class Rank: ___________/__________

POSITION IN CLASS    NUMBER OF SENIORS

Cumulative Grade Point Average
(must be converted to 4.0 scale, A = 4)___________

The class rank and G.P.A. listed above are based on the student’s status following the _____sixth semester _____seventh semester

ACT Composite Score_____ Date of Test _____________

_____________________________     ___________________
SIGNATURE OF HIGH SCHOOL COUNSELOR OR PRINCIPAL         DATE

Office Phone (____)________________
High School ACT Code______ ______ ____-______ ______ ____