

Applicant's Name: \_\_\_\_\_

## **GEORGE AND HAZEL BARBER SCHOLARSHIP**

### **GENERAL INFORMATION**

The George and Hazel Barber Scholarship has been established to:

1. Honor the memory of George and Hazel Barber.
2. Recognize, support, and provide encouragement for capable students residing in Marion County, Missouri and Pike County, Illinois, to enroll in college.
3. Provide financial assistance to students who probably would not be able to obtain a college education without assistance from the George and Hazel Barber Scholarship fund.

### **Conditions of Scholarship Award:**

1. The scholarship shall consist of equally distributed annual awards made to graduating high school seniors residing in Marion County, Missouri, and Pike County, Illinois.
2. The scholarship award must be used in the academic year immediately following the student's graduation from high school.
3. Payment of the scholarship award will be made directly to the college or university that the recipient will attend.

### **Qualifications of Applicant:**

1. Must be a graduating high school senior at the time of the initial application.
2. Must be a resident of Marion County, Missouri, or Pike County, Illinois, at the time of the initial application.
3. Must have good moral character.
4. Must have an academic record sufficient to indicate probable success in a college program.
5. Must show a reasonable need for financial aid to complete a college program.

### **Formal Application Must Include:**

1. A completed George and Hazel Barber Scholarship Application form, signed by the applicant and parent or guardian, and notarized.
2. High school transcript which includes the seventh semester grades and the applicant's class rank.
3. A family financial statement.
4. Personal evaluation of applicant by an appropriate school official.

### **Completion of Application:**

1. The completed application forms shall be given by the applicant to an appropriate school official by the deadline announced each year.

## APPLICATION FOR SCHOLARSHIP

I hereby make application for the George and Hazel Barber Scholarship. I intend to enroll in

\_\_\_\_\_ (Name of College or University) (City) (State)

for the term beginning \_\_\_\_\_, 20 \_\_\_\_\_.

I plan to graduate from \_\_\_\_\_ (Name of High School) (Month) (Year)

Name \_\_\_\_\_ (Last) (First) (Middle) (Mr., Miss, Mrs.)

Telephone \_\_\_\_\_

Home Address \_\_\_\_\_ (Number and Street) (City) (State) (Zip Code)

County \_\_\_\_\_ Length of residence in this county \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ (Name and Street) (City) (State) (Zip Code)

Date and Place of Birth \_\_\_\_\_

Is anyone dependent upon you for support? ( ) yes ( ) no

If yes, name and relationship \_\_\_\_\_

Check the following items to indicate how you plan to pay your expenses not covered by the scholarship: ( ) Money furnished by family; ( ) Earnings during summer; ( ) Student employment; ( ) Other means.

Names of three persons other than relatives who know you and could be contacted to verify the information on this application:

Name	Address	Telephone

Please list the community activities in which you have participated while in high school:

\_\_\_\_\_  
\_\_\_\_\_

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List any special honors or awards received in high school or in the community while in high school:

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In the space below, discuss your career plans, telling why you have selected the particular career. If you have not chosen a career, discuss your current primary areas of interest:

If I am awarded this scholarship, I will accept or reject it within 15 days. I certify that to the best of my knowledge all information given is true and correct.

\_\_\_\_\_  
(Signature of Applicant)                      (Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)    (Place)

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_  
20 \_\_\_\_\_, at \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission Expires \_\_\_\_\_

**GEORGE AND HAZEL BARBER SCHOLARSHIP  
APPLICANT'S CONFIDENTIAL SCHOOL RECORD**  
(To be completed by appropriate school official)

1. Attach a copy of the student's transcript and available test information completed through seven semesters of high school work.
2. Complete all requested personal information.
3. Mail all information to:            Stephanie Ross - Barber Scholarship Committee

Hannibal High School  
 4500 McMasters Avenue  
 Hannibal, Missouri 63401

Applicant's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

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

At the close of seven semesters, the above-named senior ranked \_\_\_\_\_ in a class of \_\_\_\_\_ with a grade point average of \_\_\_\_\_ on a \_\_\_\_\_ - point scale.

List all other secondary schools attended by this applicant, and dates attended:

School	From (Month and Year)	To (Month and Year)

TRAIT RATING	Superior	Good	Average	Fair	Poor
Initiative					
Concern for Others					
Emotional Stability					
Industry					
Appearance					
Cooperation					

Please rate this student's probability for success in a college or university program: \_\_\_\_\_

\_\_\_\_\_  
 (Date)                      (Signature of Principal or Counselor)                      (Position)

**FAMILY FINANCIAL STATEMENT**  
 (Confidential)

One consideration for scholarship eligibility is family financial need as it relates to the student's financial ability to attain a college education.

Name of Applicant \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_ (Name) \_\_\_\_\_ (Occupation)  
 \_\_\_\_\_ (Name) \_\_\_\_\_ (Occupation)  
 With whom do you live? \_\_\_\_\_  
 \_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship)

List below all members of your family dependent upon this income statement:

Name	Age	Grade in School	Percent of support from this income

(List additional names on the reverse of this form if necessary)

Parents' Adjusted Gross Income as reported on IRS Form 1040 or 1040A the previous year \$ \_\_\_\_\_  
 Amount of family non-taxable income \$ \_\_\_\_\_  
 Family owns home (check one) ( ) yes ( ) no  
 Unusual expenses to family income that would affect funds for college: \$ \_\_\_\_\_  
 \_\_\_\_\_ (Circumstances)  
 Anticipated cost of one year's attendance at the college selected: \$ \_\_\_\_\_

Income available to meet expenses during term(s) financial aid is desired:

Personal funds (cash, savings, etc.) \$ \_\_\_\_\_  
Private Loans \$ \_\_\_\_\_  
Summer earnings available \$ \_\_\_\_\_  
Earnings while in college (Exclude college work-study) \$ \_\_\_\_\_  
Parental support \$ \_\_\_\_\_  
Scholarships and source \$ \_\_\_\_\_  
Veteran's Benefits \$ \_\_\_\_\_  
Welfare Benefits \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_  
Other income (designate source) \$ \_\_\_\_\_  
Total Income \$ \_\_\_\_\_

College Expenses \$ \_\_\_\_\_  
 Unusual Expenses \$ \_\_\_\_\_  
 Total Expenses \$ \_\_\_\_\_  
Financial Need \$ \_\_\_\_\_