Southwest Missouri AITP Chapter - Student Scholarship CRITERIA

<u>**Purpose**:</u> To provide financial assistance for a member of one of the AITP Student chapters which are sponsored by the SW MO AITP.

Amount: The scholarship is dependent upon amount available to spend (ATS).

Scholarship(s) totaling \$1,000.00 will be awarded for the 2017-18 academic year.

Eligibility:

- 1. Must be an active member of an AITP student chapter sponsored by the Southwest Missouri AITP Chapter
- 2. Must be declared computer science/CIS/MIS/IT major with an overall and major GPA of at least a 2.75 on a 4.0 scale (or equivalent) submit transcript
- 3. Must have satisfactorily completed at least one full semester of college (12 credit hours or equivalent) and currently be enrolled as a full-time undergraduate at an accredited educational institution in the US (12 credit hr or equivalent)
- 4. Must be US Citizen or US Permanent Resident
- 5. Demonstrate financial need; submit FAFSA-EFC
- 6. Personal statement of 150-300 words, include reasons that that demonstrate leadership potential
- 7. Previous AITP scholarship recipients are not eligible to receive the award in two (2) consecutive years

Selection Committee: The Selection Committee will be composed of the Southwest Missouri AITP Board.

The Selection Committee will be responsible for providing CFO's scholarship coordinator with the name of the recipient and application. If the Committee is not maintaining a file on all applications, all applications will be sent to CFO.

Children of the Selection Committee are not eligible for the scholarship unless that committee member resigns from the committee.

Criteria may be amended upon the recommendation of the selection committee with the approval of the Donor and the Board of Directors of the Community Foundation of the Ozarks.

Selection Calendar and Process: Scholarship applications will be available from the counselor's office and should be returned to that office. The CFO deadline for receiving the selected recipient(s) name/copy of Apps to CFO is printed on the App and posted on website.

<u>Notification of Recipient:</u> The recipient will receive an award letter from CFO including instructions to go to the CFO website (<u>www.cfozarks.org</u>) and *activate* their scholarship for payment.

<u>Distribution of Funds:</u> When required documentation is received, payment will be made to the recipient's college account. If the recipient withdraws from school, the unused funds will be returned to CFO for deposit in the scholarship fund.



The SW MO AITP Chapter - <u>Student</u> Scholarship APPLICATION

STUDENT INFORMATION (pleas	se print)		
Name			
First	Middle	Last	
Student Address			
	City	St	Zip
Permanent phone	Cell Phone Number		
E-mail			
	(please print clearly)		
FAMILY INFORMATION			
Parent/Guardian Name			
Parent/Guardian Address			
	City	St	Zip
Permanent phone	Cell Phone Number		
COLLEGE/UNIVERSITY INFORM	MATION		
You must be an active member of an	AITP student chapter sponsored by the Southwes	t Missouri AITD Cha	entar to anni
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I am an active member of the AITP St	<u>_</u>		
	\square Missouri State University \square N	Aissouri Western Sta	te Universit
YY 1 11			
University address:			
City/State/Zip			
Major Field of Study	Degree program		
TRANSCRIPT			

An official college transcript must be included with this application. DO NOT send transcript separately.

FINANCIAL INFORMATION			
Attach a copy of your FAFSA – Expected Family Contribution form			
PERSONAL STATEMENT			
Attach a statement, between $150 - 300$ words, highlighting the reasons you believe your deserve an award, how you would use the funds received, and/or any community service experience or special activities in which you participate, and examples of when you have demonstrated leadership potential.			
CURRENT ENROLLMENT VERIFICATION			
Attach a copy of your current semester's class schedule showing the NUMBER OF CREDIT HOURS for which you are enrolled.			
CERTIFICATION			
To the best of my knowledge, I certify that all information on this form is true and complete.			
Applicant Signature & Date			
Applicant Signature & Date			
APPLICATION CHECKLIST			
Your completed scholarship application must include the following in the order listed:			
 □ A signed copy of this scholarship application form □ A copy of your 'official' transcript □ Your FAFSA-EFC □ Your personal statement □ Your most current class schedule with the NUMBER OF CREDIT HOURS 			

Please mail application to address below by April 1, 2017 to:

Beth Hersh, Scholarship Coordinator Community Foundation of the Ozarks P O Box 8960 Springfield MO 65801