

Missouri Western State University
Scholarship Criteria Form

Name of Scholarship: _____

Name of Donor: _____

Address: _____

Phone: _____ Business Phone: _____

Name of secondary contact: _____ Phone: _____

Type of Scholarship/Memorial: Endowed Honorary Annual Scholarship

Honorary (subject): _____

Provide General Background of Subject/Person: _____

CRITERIA

GPA to qualify: _____ GPA to maintain: _____

Department/major interest required: _____

Are references required?: _____ Number of references?: _____

Shall financial need be a consideration in relation to academic performance? Yes No

Other criteria: _____

Class Rank: _____ ACT Score: _____ Based on GPA: _____

Class Year: Entering Freshman Sophomore Junior Senior No preference

SELECTION PROCESS

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Number of recipients: _____ Awarded? Fall Spring Both

FINANCIAL STATUS

Amount of scholarship _____ Endowed: Yes No

May we publicize the gift? Yes No

Where would you like the scholarship to be publicized?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Donor Signature: _____

Date: _____