## MCBC SCHOLARSHIP APPLICATION FORM

NAME:		DATE:		
MAILING ADRESSSS:				
CITY:	STATE	):	ZIP:	
PHONE:				
NAME OF THE CLASS YOU A	RE APPLYING FOR:			
NAME OF THE BUSINESS HO			EGG HOGTING THE	•
THE COMPLETE MAILING AI CLASS:)				
DATES OF THE CLASS IF KNOThe above is required information				
The above is required information not be distributed to you.	because if accepted, payment	is made direct	y to the entity hosting	g the class. Funds will
YEARS YOU HAVE ATENDED	MCBC?			
EXPLAIN WHY YOU NEED FI	NANCIAL ASSISTANCE TO	ATTEND TH	IS CLASS?	
I UNDERSTAND THAT IF CHOS	SEN FOR A SCHOLARSHIP M	V RECEIVIN	G OF FUNDS IS BASI	ED ON MY
CONTINUED PARTICIAPTION				
CAMP SEASON, I MUST REAPP				
UNDERSTAND THAT THE SCH				
MATERIALS AND FEES. AT AN IMMEDIATELY. I UNDERSTAN				
FROM THE ACTIVITY EACH T				
ALLOTED TO EACH RECIPIEN				
SIGNATURE OF APPLICANT	S'S PARENT:		DATE:	

## THE FOLLOWING CONSTITUTES A COMPLETE APPLICATION PACKAGE. APPLICATIONS MISSING ANY OF THE FOLLOWING WILL NOT BE CONSIDERED.

- 1. The completed scholarship application form. Please have the applicant complete the application.
- 2. One letter of recommendation from a teacher or youth advisor addressing the questions 1) Why do you deserve a scholarship 2) Why do you need a scholarship. You may <u>not</u> use a letter of recommendation from a relative or a staff person or volunteer of Midwest Children's Burn Camp.
- 3. A one-page essay by the applicant describing why attending this class would be important to you. Please have the applicant create the essay in his or her own words. We would prefer that you type your essay. Parents or guardians can help but please do not write the essay for the applicant.
- 4. If you are a previous scholarship recipient, you must provide proof of completion of a previous class
- 5. Mail to: Burns Recovered, 6220 South Lindbergh Blvd., Suite 203, St. Louis, MO 63123