

**NEW AGE TRUTH OF MISSOURI, INC.
DR. DAVID M. BERRY MEMORIAL SCHOLARSHIP**

Student Application

Please read this form carefully and answer each question completely. Your application will not be processed if all of the questions are not answered in full. Mark N/A for items not applicable. Your application must be typewritten. Note: Fillable PDF version of application is available upon email request.

PERSONAL DATA

Full Name _____

Address _____

City/State _____ Zip _____

Home Telephone# _____ Cell Phone# _____

Email Address _____

Full Name and Address of Parents or Guardians:

Father _____ Mother _____

EDUCATIONAL INFORMATION

High School _____

High School Address _____

_____ City _____ State _____ Zip _____

School Phone Number _____ Name of Guidance Counselor _____ Phone Number/Ext. _____

Where do you plan to attend college? _____

College or University address _____

Have you currently applied for admission? _____ Have you been accepted? _____

Proposed major? _____

What is your cumulative grade point average? _____ Class rank? _____

Date of Scheduled High School Graduation _____

ACTIVITIES/ORGANIZATIONS

Please list activities/organizations in school and outside of school. Indicate offices held and accomplishments while in office.

HONORS/AWARDS

Please list.

WORK EXPERIENCE

Include both paid and volunteer work experience and job duties performed.

Applicant's Signature

Date

**NEW AGE TRUTH OF MISSOURI, INC.
7165 Delmar Blvd., Suite 214
University City, MO. 63130
314-727-0909**

PHOTO RELEASE FORM

Permission to Use Photograph

Event: DMB Scholarship Award Presentation

Location: 7165 Delmar Blvd., University City, MO. or
Special Event Location to be determined.

I grant to New Age Truth of Missouri, Inc., the right to take photographs of me and my family in connection with the above-identified event. I authorize New Age Truth of Missouri, Inc., its assigns, and transferees to copyright, use and publish the same in print and/or electronically.

I agree that New Age Truth of Missouri, Inc. may use such photographs of me with or without my name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content regarding only the Dr. David M. Berry Memorial Scholarship program and recipients.

I have read and understand the above:

Signature _____

Printed name _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)

**DR. DAVID M. BERRY
MEMORIAL SCHOLARSHIP
APPLICATION CRITERIA**

APPLICANT CRITERIA:

1. Applicant must be a resident of Missouri or Illinois.
2. Applicant must be a graduating high school senior in the year of the award.
3. Applicant must have demonstrated academic excellence
4. Applicant must be an active volunteer.
5. Applicant must attend the scheduled New Age Truth of Missouri event to be presented the DMB Scholarship Award.

APPLICATION PROCESS: (APPLICANT MUST SUBMIT)

1. Completed typed application form (handwritten and/or incomplete applications **will not** be processed).
2. Applicant must submit an official copy of his/her complete high school transcript with cumulative grade point averages and a class standing/rank.
3. Applicant must submit a letter of application addressed to the Scholarship Committee. The letter should contain a brief explanation of career goals and biographical (background) information.
4. Applicant must submit a one page typewritten essay on the importance of volunteer service.
5. Applicant must provide written proof of active volunteer service.
6. Applicant must submit three (3) letters of recommendation: one from two different high school teachers and one from student workplace or volunteer service supervisor.
7. Applicant must submit the application checklist form signed by the guidance counselor in blue ink.
8. Applicant must submit a signed photo release form.

**DEADLINE FOR RECEIPT OF COMPLETED APPLICATION IS APRIL 2, 2012.
APPLICATIONS POSTMARKED AFTER THIS DATE WILL NOT BE ELIGIBLE FOR
CONSIDERATION.**

SUBMIT COMPLETED APPLICATION PACKET TO:

**Scholarship Committee
New Age Truth of Missouri, Inc.
7165 Delmar Blvd., Suite 214
University City, MO. 63130**

**DR. DAVID M. BERRY
MEMORIAL SCHOLARSHIP
APPLICATION CHECKLIST**

(Must be signed by student's guidance counselor)

- Completed application form _____
- Official copy of most recent high school transcript _____
- Letter of application addressed to the Scholarship Committee. _____
- Official High school transcript with cumulative GPA and class standing/rank. _____
- One page typewritten essay on the importance of volunteer service. _____
- Written proof of active volunteer service. _____
- Three (3) letters of recommendation _____
- Signed photo release form _____

(Sign this form in blue ink)

My signature only verifies that I have reviewed the application for completion of submission requirements.

Signed _____
Guidance Counselor

Date _____