RED RIVER OPTIMIST CLUB SCHOLARSHIP FUND
TERMS AND CONDITIONS

I. Red River Optimist Club will sponsor one $500 scholarship for each of the fall and spring semesters of the succeeding academic year. Monies to be payable to either Midwestern State University or Vernon College.

II. Selection of recipients will be based primarily on past academic achievements, entering test scores, financial need, and potential for a successful college career.

III. Upon award of the scholarship, recipients must enroll each fall and spring semester as full-time students (minimum 12 hours) at Midwestern State University or Vernon College and have a declared major in either nursing or education.

IV. Applicants must reapply each semester.

V. Applications for scholarships are available through Midwestern State University’s Donor Services and Scholarships web site, or through Vernon College Education and Nursing departments, or the Red River Optimist Club. Completed application should be mailed to:

Red River Optimist Club
Attention: Scholarship Committee
P.O. Box 4702
Wichita Falls, TX 76308

Incomplete applications will not be accepted.

VI. Deadline dates for scholarship applications are as follows:
Fall semester: June 1
Spring semester: November 1

Recipients will be selected by the Committee of the Red River Optimist Club Scholarship Fund.
Red River Optimist Club
P.O. Box 4702
Wichita Falls, TX 76308

SCHOLARSHIP APPLICATION

INSTRUCTION FOR COMPLETING APPLICATION

1. Terms & conditions for application are attached. Please read carefully.
2. Application is to be completed by applicant.
3. Please type or print clearly.
4. Attach the following to completed applications:
   a. Three (3) character reference letters
   b. Transcript of courses completed
   c. A biographical statement, including educational background, financial need, and other pertinent information about yourself
5. Send completed application with attachments to:

   Red River Optimist Club
   Attention: Scholarship Chairman
   P.O. Box 4702
   Wichita Falls, TX 76308

Applicant’s Name: ___________________________ Soc. Sec. Number: ___________________________
Permanent Address: ___________________________ Date of Birth: ___________________________
City, ___________________ State, _______ Zip: _______ Telephone: ____________________
Age: _______ Marital Status: ___________ Number of Dependents: ___________
Are you currently employed? [ ] Yes [ ] No Dates of Employment: ________________________
Employer: (Current or Last, if any) ___________________ Salary/Wages$: ___________________
Address: _____________________ City, __________ State, _______ Zip: _______
Employer’s Telephone: ___________________________
If Less than 6 Mos., Name of Previous Employer: ___________________________

Source and Amount of Funds Available to Applicant for Semester in Which Scholarship is Requested:
Own Income: $_________________________ Parent: $_________________________ Other: $___________
Scholarships $_________________________ Spouse: $_________________________

Identification of Individual(s) Providing Assistance

Name: ___________________________ Name: ___________________________
Relationship: ___________________________ Relationship: ___________________________
Address: ___________________________ Address: ___________________________
City, ____________________ State, __________ City, ____________________ State, __________
Zip: ______________________ Phone: ____________________ Zip: ______________________ Phone: ______________________
Place of Employment: ___________________________ Place of Employment: ___________________________
Name of Nearest Relative Not Living With You: ___________________________ Relationship: ________________
Address: ___________________________ City, ___________________________ State, ___________ Zip: ___________
Home Telephone: ___________________________ Work Telephone: ___________________________

Educational Institution Applicant is Now Attending

Institution’s Name: ___________________________ Address: ___________________________
City, ___________________________ State, ___________ Zip: ___________ Telephone: ___________________________

Academic Classification (Check One):

_____ High School Senior  _____ College Sophomore  _____ College Senior
_____ College Freshman  _____ College Junior  _____ Graduate Student

Other (Specify) __________________________________________________________

Education Institution in Which Enrollment is Desired (Check One)

[ ] Midwestern State University
    Wichita Falls, TX 76308
[ ] Vernon College
    Wichita Falls, TX or Vernon, TX

Course of Study: EDUCATION or NURSING
Circle One

Degree Sought: ___________________________
Expected Date of Completion: ___________
Tuition/Fees Per Semester: $____________

Course of Study: EDUCATION or NURSING
Circle One

Degree Sought: ___________________________
Expected Date of Completion: ___________
Tuition/Fees Per Semester: $____________

Additional Information About Applicant

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Brief Description of Financial Necessity

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I hereby certify that the information given above is true and correct to the best of my knowledge.

Signature of Applicant ___________________________ Date of Application ___________________________