## Save Our Seed Scholarship Award Application 2019

You may print and mail your application or submit your application on-line: <a href="mailto:csmith@sos-outreachministries.org">csmith@sos-outreachministries.org</a> or Fax to: (636) 395-7943.						
Save Our Seed Schola P. O. Box 301 St. Peters, MO 63376	-					
		sos-outreachministries.org] offi ial Scholarship Rules for Cand				
Ministries my transc	al Scholarship Rule cripts of my academi Awards Ceremony.	ave read and understand the constant of the co	o submit to Save nendation, write a	Our Seed Outreach n essay on said topic,		
Date	Signature					
Legal name in full (Print/Type) Permanent residence	Last Name	First Name	M.I.			
ermanent residence		Number, Street, and Apartment Num	ber			
Your high school	City		State	ZIP		
		Name, Number, Street,				
Home telephone	City State			ZIP		
School telephone	_( )					
E-mail address						
Date of t	Month/Day/Year		Age			
Name of Parents:						
Father Name Mother Name Name of intended instit	tution	Home telephone Home telephone	( )			
Current cumulative GP What do you wish to m	'A	<u> </u>				
Expected date to attend	 I college					

If you have more activities, work experience, community services and/or awards than the space allows, list only those you consider most significant.

church, or community activities). List student government under Item 2.								
Activit	•	Role	Dates	# of Weeks Active				
2. List student government served in high school.								
Туре	f Work	Position	Dates	Average # of Hours/Week				
3. L	ist awards, scholarships, publications o	or special recognitions you have received	d. List in descend	ling order.				
4. D	escribe one specific example of your lea	adership skills.						
5. D	escribe any gifts, talents, etc. you may	have.						