



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR RECRUITMENT AND RETENTION
 P.O. Box 480, Jefferson City, MO 65102-0480
 APPLICATION FOR URBAN FLIGHT AND RURAL NEEDS SCHOLARSHIP

INSTRUCTIONS

RETURN THIS APPLICATION ALONG WITH ALL OFFICIAL TRANSCRIPTS AND A STUDENT FINANCIAL AID REPORT TO THE ABOVE ADDRESS-APPLICATIONS MUST BE POSTMARKED BY APRIL 15

APPLICANT INFORMATION

*SOCIAL SECURITY NUMBER CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

HOME ADDRESS CITY STATE ZIP CODE

COUNTY DAYTIME TELEPHONE NUMBER(S)
() ()

NAME OF PARENT/GUARDIAN

ADDRESS CITY STATE ZIP CODE

DAYTIME TELEPHONE NUMBER
()

ETHNIC ORIGIN (CHECK ONE) <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> INDIAN <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> OTHER _____	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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*View the Social Security number disclosure: http://dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf

IN ORDER OF PREFERENCE, LIST THE COMMUNITY COLLEGE OR 4-YEAR COLLEGE OR UNIVERSITY THAT YOU WOULD ATTEND IF YOU WERE AWARDED A SCHOLARSHIP. THESE INSTITUTIONS MUST HAVE AN APPROVED TEACHER EDUCATION PROGRAM AND MUST BE IN MISSOURI.
 (1) (2)

IN WHAT SUBJECT AREA WOULD YOU PREFER TO SPECIALIZE?

HIGH SCHOOL/INSTITUTION CURRENTLY ATTENDING

CURRENT ACADEMIC STATUS (CHECK)
 HIGH SCHOOL SENIOR
 COMMUNITY COLLEGE/UNIVERSITY FRESHMAN _____ HOURS COMPLETED AT DECEMBER OF CURRENT YEAR
 COMMUNITY COLLEGE/UNIVERSITY SOPHOMORE _____ HOURS COMPLETED AT DECEMBER OF CURRENT YEAR
 RETURNING ADULT STUDENT _____ HOURS COMPLETED
 OTHER _____

APPLICANT'S SIGNATURE DATE