Area of intended study:



Board of Trustees Recruitment Scholarship Application

Please complete this application as completely and as accurately as possible. Applications that are incomplete, inaccurate or unreadable may be delayed or disqualified.

Last Name:			
First Name:			
City: State: Zip: Home phone: Work phone: Cell phone: MCC Student ID (if any): Social Security #: DOB: Valid Email Address (optional): Please have your High School Counselor Complete the following: High School: Composite ACT Score:			
City: State: Zip: Home phone: Work phone: Cell phone: MCC Student ID (if any): Social Security #: DOB: Valid Email Address (optional): Please have your High School Counselor Complete the following: High School: Composite ACT Score:			
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Please have your High School Counselor Complete the following: High School: Composite ACT Score:	Valid Email Address (optional):		
COMPASS Scores: Reading: Writing: Algebra: College Algebra:		inselor Complete the follo	owing:
Class Rank: out of	Composite ACT Score:		
Cumulative Grade Point Average:	Composite ACT Score:	Writing: /	
High School Counselor Name:	Composite ACT Score: COMPASS Scores: Reading: Class Rank: out of	Writing: /	
	Composite ACT Score: COMPASS Scores: Reading: Class Rank: out of Cumulative Grade Point Average:	Writing: /	
	Composite ACT Score: COMPASS Scores: Reading: Class Rank: out of Cumulative Grade Point Average:	Writing: /	

Document verification is required for all scholarships. Please submit the following documents with your application:
Submitted Application for Admission to MCC-Blue River
ACT or COMPASS Scores
High School Transcripts
Resume – highlighting extracurricular activities, leadership experience, community service, etc.
Recommendation letter from your high school counselor, teacher or school administrator
Family Educational Rights and Privacy Act Consent:
I, the undersigned, hereby authorize the College to release the following educational records and information:
Receipt of scholarship for the purpose of publishing reports and other institutional publications.
I understand further that this consent shall remain in effect until revoked by me, in writing, and delivered to MCC, but that any such revocation shall not affect disclosures previously made by MCC prior to the receipt of any such written revocation.
I have read the requirements for the scholarship for which I am applying; I understand them and I agree to follow all applicable rules and guidelines if I am awarded a scholarship. Scholarship awards are not final unless recipient maintains all qualifications.
Applicant Signature: Date:
Deadline & Submission of Completed Application Form
Application is due the first Friday in April. Prior to due date, applicant must submit this completed application with any additional paper work required:
Welcome Center at MCC-Blue River
20301 E 78 Highway, Independence, MO 64057-2052
816.604.1000
SCHOOL OFFICIALS ONLY
To be completed by the Scholarship Selection Committee
Applicant was selected to receive this award for the amount of \$
Applicant was not selected because
Notification letter was sent to the applicant on this date
Applicant accepted this award on this date
Applicant did not accept this award because
Applicant did not respond
Notification letter was returned due to an incorrect address
Signature: Date: