MRS. FRANCIS BOBBIE BUTTS BROWN SCHOLARSHIP

The trustees of the Mrs. Francis Bobbie Butts Brown Scholarship Funds will award one (1) scholarship annually to a young man or a young woman in the Odessa R-VII School District.

It is the purpose of this fund to enable persons of good habits and Purpose:

> normal or superior intelligence to obtain a college or professional education, if they would otherwise not be able to do so, or could do so only at the sacrifice of health in the struggle to obtain such an education and earn a living at the same time, in order that they may become better citizens of this

Country and of their community.

Notice: The Trustee shall annually send a notice of the purpose of this Fund and

> opportunities for assistance from this Fund directly to possible applicants or the Assistant Superintendent of the Odessa Reorganized R-VII School District (or its successor) requesting that this shall be brought to the attention

of worthy students who need assistance to complete their college or

professional education.

The Trustee shall make the selection of beneficiaries of the Fund from the Selection:

> applications made, determining what qualifications of character, scholarship, physical efficiency and circumstances of financial need shall qualify the applicants for such assistance and shall select such beneficiaries as they in their sole judgment and discretion shall deem to be in need and worthy of assistance from this Fund. Further, the Trustee may in his discretion, continue such relief and assistance to any one student during the remainder of such student's college education, if such student shall continue to give evidence of the qualifications which shall in the judgment of the Trustee, make the student worthy of such assistance, but not for longer than four (4) years.

The recipient of the scholarship must enroll in a full course of study in preparation for the profession they have chosen. Any interruption of the period of study shall be communicated to the trustees with due explanation of reason or reasons for such interruption.

INSTRUCTIONS TO APPLICANT

Give full and explicit answers to all questions in this application.

File this application on or before April 1st of the current year and return to the Odessa R-VII High School Counselor.

Request two (2) letters of recommendation attesting to your personality and character which would indicate probable success in your education.

APPLICATION FOR SCHOLARSHIP

	rown Scholarship Fund. I intend to enroll in(Name of College)				
for the term beg	inning	(Month)		·	
		(Month)	(Year)		
(Last)		(First)	t) (Middle)		lle)
Home Address:					
	(Street)		(City)	(Zip Code)	(Telephone)
Name of Parent	or Guardian:	:			
A ddragg.					
Address.					
Is anyone depen	ndent upon yo	ou for support?			
Check the follow	wing items to	indicate how you	plan to pay y	our expenses i	not covered b
	wing items to Money furr	o indicate how you nished by family	ı plan to pay y Earnin	our expenses r	not covered b
Check the follow	wing items to	o indicate how you nished by family	ı plan to pay y Earnin	our expenses i	not covered b
Check the follow	wing items to Money furr Student Em	o indicate how you nished by family	plan to pay yo Earnin Other	our expenses r gs during the means.	not covered b summer
Check the follow Scholarship: Please state you	wing items to Money furr Student Em	o indicate how you nished by family nployment	plan to pay yo Earnin Other	our expenses r gs during the means.	not covered b summer
Check the follow Scholarship: Please state you award:	wing items to Money furr Student Em	o indicate how you nished by family nployment	Earnin Other	our expenses regs during the means.	not covered b summer ary to receive
Check the follows. Scholarship: Please state you award: What field of state.	wing items to Money furr Student Em r reasons for	o indicate how you nished by family aployment believing you hav	Earnin Other	our expenses regs during the means.	not covered b summer ary to receive

What extra-curricular activities have you participated, in high school (list office held).

What is the extent of y Church, scouts, 4-H e		n in out-of-sch	ool activities for	young people, such as
Date:		Signed Signed	(Appli (Parent or	Cant) Guardian)
	COUNS	ELOR CERT	IFICATE	
Name of applicant				
Number in Senior Cla	uss	Applica	ant's rank in class	S
Test scores on applica	ant while in high	school:		
Name of Test	Form	Date	Score	Percentile Rank
I have read the statem scholarship and certify	•	* *		
Date	Signed			
		(Counselor)	

List the Two (2) References to who you are giving the reference form to be completed. (one should be a teacher who is familiar with your academic ability and the other a personal reference.) Select references carefully from among those persons who can speak with authority about you. Please list correct mailing address for each reference. Mail to Assistant Superintendent, Odessa R-VII School District, 713 South Third Street, Odessa, Missouri 64076 or return to the High School Counselor.

1. Name					
Address _					
	(Street)	(City)	(State)	(Zip Code)	
2. Name					
Address _					
	(Street)	(City)	(State)	(Zip Code)	

In the space below please indicated why you are interested in the career you have chosen:

The Trustees of the Mrs. Francis Bobbie Butts Brown Scholarship requests your letter of
reference to be sent to 713 South Third Street, Odessa, Missouri 64076 or returned to the
High School Counselors by March 30 of the current year.

Attest should be made	oward applicant's p	personality and ch	iaracter.	
Name of Applicant:				

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reference to be sent to 713 South Third Street, Odessa, Missouri 64076 or returned to the
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Attest should be made	oward applicant's p	personality and ch	iaracter.	
Name of Applicant:				