ACR Scholarship
Guidelines

ACR of Sedalia is pleased to announce the ACR Scholarship.

This $500 academic scholarship is awarded annually to a student pursuing an Associate of Applied Science Degree in HVAC Technology at State Technical College of Missouri. In addition to fulfilling scholarship criteria, consideration is based on availability of funds.

Eligibility Requirements:

• Applicant should be enrolled as a full-time student (12 hours minimum per semester) pursing an Associates of Applied Science Degree in HVAC Technology at State Technical College of Missouri.
• Applicant should be a graduate of a Pettis, Benton or Johnson County graduate.
• Applicant should have a high school GPA of at least 2.5 upon graduation.
• Applicant must have worked full or part time at some point in the past 12 months.

The scholarship provides $500 that is paid directly to the recipient’s account at State Technical College of Missouri in the fall semester upon the student’s verified enrollment. The scholarship will apply toward the cost of tools associated with a student’s education.

This is a one time, annual scholarship awarded to a full-time student attending State Technical College of Missouri. In the event a student is unable to fulfill the requirement of full-time enrollment for the fall semester following award of the scholarship, the scholarship will be transferred to the next available alternate.

Please take the time to fill out the application in its entirety and submit it along with all other requested materials to:

ACR of Sedalia Inc
1609 S Missouri
Sedalia, MO 65301

Application Deadline
March 15
Incomplete applications will automatically be ineligible for consideration. To be complete, all pages of this application must be submitted with the requested information. Please print clearly with dark ink. Application deadline: March 15th.

A. Applicant’s Information:

Full Name: ____________________________________________________________
  Last First Middle

Address: __________________________________________________________________

City: ____________________________________________________________________ State: ____ Zip: ________________

Telephone Number: ______________________________________________________
  Home Cell

Email Address: ________________________________

Gender:  Male    Female    Date of Birth: __________________________

B. Educational Information:

High School Name: _______________________________________________________

High School Address: __________________________________________________________________

City: ____________________________________________________________________ State: ____ Zip: ________________

Cumulative GPA: ________________    Class Rank/Size: _________________________

Graduation Date: ______________________

State Technical College of Missouri Program of Study: _________________________
C. Financial Information:

How are you financing your college tuition and expenses? Please directly address financial need and/or special circumstances, as they will be considered when awarding this scholarship.

________________________________________________________

________________________________________________________

________________________________________________________

D. Personal Goal Statement:

Provide a statement relative to your educational and vocational goals. You might include what your plans and aspirations are for the future, and what values you hold to be important to your development.

________________________________________________________

________________________________________________________

________________________________________________________

E. Extra-Curricular Activities:

Please list all school-related and community activities and organizations you have participated in, including offices held, honors received, and awards granted. Indicate length of membership or term(s) of service.

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________________________________________________________

________________________________________________________
F. Work History:

Please list all full-time, part-time and/or summer jobs you have held. Including length of employment and job duties. Indicate what skills and abilities you have acquired through your employment.

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________________________________________________________________________

G. Additional Information:

Please provide any additional information related to the scholarship criteria that you want the selection committee to consider when reviewing your application.

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________________________________________________________________________

*Please attach additional pages if needed.*
H. Character References:

Please list two character references and their information below. We will contact them to gather information related to your scholastic ability, work habits, attitude and character. (Examples: teacher, pastor, employer, etc.)

Character Reference #1

Name: ___________________________________________________________

Address: _______________________________________________________________________

City: ___________________________ State: ______ Zip: _____________

Telephone Number: _______________ Email Address: __________________________

Character Reference #2

Name: ___________________________________________________________

Address: _______________________________________________________________________

City: ___________________________ State: ______ Zip: _____________

Telephone Number: _______________ Email Address: __________________________

I. Additional Items Needed:

In addition to this application, the following items are needed. (Please check to indicate they are included with this application.)

_____ Official High School Transcript

Applications without this information will not be considered.
J. Application Submit:

By submitting this application, I certify that the information provided is true. I give my permission to let any scholarship committee review my high school transcript for awarding the scholarship for which I've applied. This will remain in effect until I am graduated from State Technical College of Missouri or until I revoke this permission in writing.

Applicant’s Signature:__________________________________________

Date: _________________

Mail Completed Application and Additional Information to:

ACR of Sedalia Inc
1609 S Missouri
Sedalia, MO 65301