



Midwest Showmen's Association
Clem Smith Memorial Scholarship Application
Remit to: P.O. Box 18204, West St. Paul, MN 55118-0204

Completed applications should be mailed & postmarked no later than February 1, to the address above.

Note: Applicants should be aware of the necessity for completeness of replies, neatness, and legibility. Please type or print, using black ink. You should know that any material sent with this application will be discarded. Remember to make a copy of this application for your records before it's mailed.

Date: _____

Name: Last _____ **First** _____ **Middle Initial** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____/_____/_____

E-Mail Address: _____

Please include a picture of yourself with your application.

Date of Birth: Month _____ **Day** _____ **Year** _____

U.S. Citizen or Permanent resident: **Yes** **No**

Name of High School: _____

City: _____ **State:** _____ **School Phone Number:** _____/_____/_____

PRESENT SCHOOL STATUS

High School Senior College Freshman College Sophomore College Junior

POST SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) Use official school names. Do not use abbreviations.

_____ City: _____ State: _____

_____ City: _____ State: _____

4Year College or University 2 Year Community or Junior College

Vocational/Technical School Other – Explain: _____

Year in school next year: 1st Other – Explain: _____

Major Course of Study: _____

Anticipated date of graduation: Month _____ Year _____

TRANSCRIPT INFORMATION (Required)

An official transcript of grades must be sent with this application. **Note:** Online transcripts and grade reports are not acceptable.

College and vocational school students: You must enclose a high school transcript, and transcript of grades for all college and/or vocational school studies completed to date.

High school seniors: You must enclose a high school transcript of grades and have a high school official complete the following section.

Ranking	Cumulative Grade Point Average
Applicant ranks _____	Weighted Scale: _____/4.0
In a class of _____	Unweighted Scale: _____/4.0

PSAT		SAT 1		ACT				
Verbal	Math	Verbal	Math	English	Math	Reading	Science	Composite

School Official's Address:

Street _____ City _____ State _____ Zip _____

School Official's Signature: _____ Date _____

Telephone (____) _____

ACTIVITIES, AWARDS AND HONORS

List all school activities you have participated in during the past four years (e.g., student government, music sports, etc.). List all community activities you have participated in without pay during the past four years (e.g., Boy/Girl Scots, hospital volunteer, Special Olympics). Note all special awards, honors, and offices held.

Indicate whether high school or college activities.

Activity	No. of Years	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Write a brief essay pertaining to your furthering education goals. Please provide it on a separate page. Your application will be rejected if the essay is not included.

APPLICANT APPRAISAL (Required)

**To be completed by a high school counselor, advisor, or instructor who knows you well.

You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to the applicant.

	Excellent	Very Good	Good	Poor
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achievements reflect ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to school and/or community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates curiosity and initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow through & Completion of tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for self and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to supervision & Constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Signature: _____ Phone: (____) _____