



Pascale's Pals
 1511 Chapel Hill Road
 Columbia, MO 65203

Phone: (573)-446-2242 Email: carpe18@centurytel.net



WAYNE RICHARDS SCHOLARSHIP APPLICATION

Applicant must have been treated for a sustained period at Children's Hospital in Columbia, Missouri. Applicant must be a high school student who has been previously diagnosed with a life threatening or chronic condition. The scholarship is for continuing education via college or trade school.

Type or print all information EXCEPT for signatures. If space provided is inadequate, information may be continued on additional sheets of paper and attached to the application. **Application must be received by April 15th, 2022.**

Name Last _____ First _____ Middle Initial _____

Permanent Mailing Address _____ City _____

State _____ Zip Code _____ Date of Birth: Month _____ Day _____ Year _____

Phone (_____) _____ Email _____

PHYSICIAN'S CERTIFICATION: Please have this section completed.

I certify that the applicant has received treatment from Women's and Children's Hospital in Columbia, MO.

Physician's name _____ Telephone (_____) _____

HIGH SCHOOL DATA:

Name of High School _____ Graduation or GED Date: Month _____ Year _____

Address _____ City _____ State _____ Zip _____

Principal _____ School Telephone (_____) _____

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 applications for admission have been sent.)

School _____ City _____ State _____

School _____ City _____ State _____

4-year College or University 2-year Community College Other: Explain _____ Year in post-secondary program next school year: 1 2 3 4 5 or Graduate Study

Major or course of study _____ Anticipated date of graduation: Month _____ Year _____

GOALS AND ASPIRATIONS Make a statement of your plans as they relate to your educational and career objectives and future goals.

UNUSUAL CIRCUMSTANCES Please describe the effect of the disorder/disease upon your achievement in school, work experience, or your participation in school and community activities.

Explain how you think Pascale's Pals can help more at the hospital. _____

TRANSCRIPT INFORMATION

1. High school seniors and students who have completed less than one full term of post-secondary education must have the following section completed by the appropriate school official. This can be the school's counselors.

Cumulative grade point average _____ 4.0 or 100 scale (circle)

Official's Signature _____ Date _____

Official's Title _____ Phone Number (____) _____

Address _____ City _____ State _____ Zip _____

This application for a scholarship becomes complete and valid when all the following have been received:

MAIL TO:

Pascale's Pals, Inc. Attn: Scholarship Committee
1511 Chapel Hill Rd
Columbia, MO 65203

This application becomes the property of Pascale's Pals. In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____

REFERENCES Applicant must have **one** reference. **Note that references should be mailed by the person making the referral and not by the Applicant.**

Pascale's Pals Inc. Attn Scholarship Committee
1511 Chapel Hill Rd.
Columbia, MO 65203

Phone: (573) 446-2242 Email: carpe18@centurytel.net or white.monique68@gmail.com

The scholarship amount will be applied toward the recipient's tuition at their school of choice when classes begin.