

## The Hagan Scholarship Foundation

P.O. Box 1225  
Columbia, MO 65205

### Letter to Eligible Students

The first four years following high school graduation usually determine the future course of a person's career. If you are in need of financial assistance in order to attend college and meet the eligibility criteria for a Hagan Scholarship invest in yourself and your future and apply for a scholarship. Hagan Scholarship recipients are currently attending ninety seven different colleges and universities.

Recipients of a Hagan Scholarship will join a distinguished group of high achieving students who aspire to obtain a college education in order to realize their full potential. The dollar amount of each Hagan Scholarship will vary **up to \$5,000 per semester**. Each scholarship is renewable for up to seven additional semesters if the recipient fulfills the renewal criteria. The average value of a four year Hagan Scholarship is over \$24,000.

The award of a Hagan Scholarship is intended to make a college education affordable and will provide each recipient with the **opportunity to graduate college debt free**. The Free Workshops and \$10,000 Schwab Investment Account are integral parts of the Hagan Scholarship and are intended to help each recipient obtain a practical understanding of important life skills that may not be taught as a part of the school curriculum.

You **WILL** be judged on how well you follow the Instructions.

The Scholarship Application is due in its entirety by **November 15, 2014**.

For more information please contact the high school counselor or the principal or a teacher at your high school, or visit our website.

Sincerely,



Dan Hagan, Trustee

## Hagan Scholarship Scholarship Application Checklist

**Applicant must mail a complete Scholarship Application Package to The Hagan Scholarship Foundation by November 15, 2014.** Scholarship Applications postmarked after November 15, 2014 will be returned unopened to the sender. **NO EXCEPTIONS.**

**Check off each item** as you assemble your Scholarship Application Package.

**The Scholarship Application must be assembled in this order:**

1.  Scholarship Application Checklist (on top)
2.  Letter of Eligibility
3.  Hagan Scholarship Application
4.  Two Recent Identical Photos of Applicant (2" width X 3" height; head and shoulders only; no head wear; clearly print your name and date on the back of each photo in black ink; place inside a small unsealed envelope and paperclip to the top of the Application).
5.  Financial Worksheet
6.  Complete copy (ALL PAGES) of your **2014-2015** FAFSA Student Aid Report (SAR).
7.  Copy of your ACT High School Report
8.  Official copy of your High School Transcript
9.  Applicant's Essay
10.  Two Letters of Recommendation by non-family teachers or employers
11.  Parent / Guardian / Applicant Statement

All signatures and writing must be in black ink.

You WILL be judged on how well you follow the Instructions.

Please contact a teacher at your high school or the high school counselor if you have questions.

### **Mailing Instructions:**

1. Assemble the above material in the order listed and hold together using a 2" metal paper clip. Do not fold or staple together.
2. Enclose in a **9" X 12" manila envelope** then seal the envelope flap with scotch tape.
3. Weigh the envelope for correct postage. Mail with postage due will be refused.
4. Mail using regular mail (USPS). Mail requiring a signature will be refused.
5. Mail postmarked after November 15, 2014 will be returned unopened to the sender.
6. The envelope must be addressed as follows:
  - a. The return address at the upper left corner of the envelope must first show applicant's State, Last Name, then First Name followed by applicant's Name, Address, City, State and Zip Code.  
 Example:  
**MO Smith John**  
 John Smith  
 239 Oak Lane  
 Critter Point, MO 65804
  - b. The envelope must be addressed to:  
 The Hagan Scholarship Foundation  
 PO Box 1225  
 Columbia, MO 65205

*Applications cannot be returned. Keep a copy in your records.*

## Hagan Scholarship Letter of Eligibility

Each applicant must provide a Letter of Eligibility from a teacher who taught applicant in high school or the high school counselor or the high school principal. A teacher, counselor or principal is not limited as to the number of eligibility letters that they can provide. The letter of Eligibility must confirm that applicant meets the following minimum scholarship criteria:

1. Applicant is a student in the **2015 high school graduating class**
2. Applicant is a resident of an Eligible State (AR, IA, IL, IN, KY, KS, MO, NE, OK, or TN)
3. Applicant has attended as a junior and senior an Eligible High School (a public high school located in an eligible State and in a County having fewer than 50,000 residents)
4. Applicant has a cumulative high school GPA of 3.50 or higher
5. Applicant has scored 23 or higher (Composite Score) on the ACT
6. Achievement of applicant's goals will require a Four (4) year college degree

### To Applicant:

Type or Print your name where indicated, sign and date and provide to a qualified educator.

\_\_\_\_\_  
Name of Applicant (print or type)

\_\_\_\_\_  
Signature of Applicant (required)

\_\_\_\_\_  
Date

### To Respondent:

The above applicant is desirous of applying for a Hagan Scholarship and would be grateful if you could complete this Letter of Eligibility confirming that applicant meets the above minimum scholarship criteria. If the applicant meets the minimum scholarship criteria please provide the following information and return to applicant so applicant can prepare, assemble and submit a Scholarship Application Package.

Must be completed by Respondent:

Counselor     Teacher\*     Principal (check one)

I hereby certify that the above applicant meets the minimum scholarship criteria.

\_\_\_\_\_  
Name of High School (print or type)

\_\_\_\_\_  
County

\_\_\_\_\_  
Name of Respondent (print or type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Respondent (required)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
\*Specialty

\_\_\_\_\_  
Email Address

## CONFIDENTIAL Hagan Scholarship Application

Complete Online then print. Or print first then type or print using black ink to complete.  
**Answer ALL questions.** If not applicable write N/A, if none write NONE.  
Incomplete Applications will not be processed.

Attach a small envelope containing  
your two photos here

**Size of Photo: 2" X 3"  
Head and Shoulders Only**

*Refer to the Submittal Checklist  
for more information*

**Do Not Staple**

Your photos will be used for  
identification purposes and for  
publicity purposes if you are  
awarded a scholarship

Date \_\_\_\_\_, 2014 Residence County \_\_\_\_\_

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Email address \_\_\_\_\_ (required)

Permanent Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (m/d/y) \_\_\_\_\_

Primary Phone (Home) (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Gender  Male  Female (check one) Marital Status  Single  Married (check one)

How long have you lived at your permanent address? Years \_\_\_\_\_ Months \_\_\_\_\_

Where do you live?  In Town  On a farm  Other \_\_\_\_\_ (check one)

Are you a citizen of the U.S.  Yes  No (check one) Anticipated Graduation Date (m/d/y) \_\_\_\_\_

Ever been convicted of a felony  Yes  No (check one) Do You Smoke?  Yes  No (check one)

Did you work last year?  Yes  No (check one) If yes, Hourly Pay \$ \_\_\_\_\_ Gross Pay \$ \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Work Description \_\_\_\_\_

Are you working now?  Yes  No (check one) If yes, Hourly Pay \$ \_\_\_\_\_ Gross Pay YTD \$ \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Work Description \_\_\_\_\_

Have you applied for or been awarded a grant or scholarship to attend college?  Yes  No (check one)

What is your career goal or area of academic interest? \_\_\_\_\_  Undecided

Name of High School  Counselor  Principal (check one) \_\_\_\_\_

Name of High School \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of local newspaper \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant living with  Both Parents  One Parent  Other \_\_\_\_\_ (check one)

Number of family members in household \_\_\_\_\_ Number of family members who have attended college \_\_\_\_\_

Family Net Worth  Under \$50,000  \$50,000 - \$100,000  Over \$100,000 (check one)

Family Adjusted Gross Income (2013)  Under \$35,000  \$35,000 - \$75,000  Over \$75,000 (check one)

Father's Occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Guardian's Occupation \_\_\_\_\_ Annual Income \$ \_\_\_\_\_



## Hagan Scholarship Financial Worksheet

**Academic Year: Fall 2015 / Spring 2016**

Applicant's Name \_\_\_\_\_

Name of college or university applicant plans to attend: \_\_\_\_\_

Applicant will live:  on campus  off-campus  at home (check one)

### Applicant's Budget

1. **Estimated Expenses** (Use Cost of Attendance information published on the College website)

Tuition & Fees	\$ _____	
Room & Board	_____	
Books & Supplies	_____	
Personal Expenses	_____	
<b>Total Estimated Expenses</b>	<b>\$ _____</b>	

2. **Estimated Income**

FAFSA EFC	\$ _____	
Estimated Student Contribution:		
Work	_____	
Personal Savings	_____	
Other _____	_____	
<b>Total Estimated Income</b>	<b>\$ _____</b>	

3. **Estimated Unmet Financial Need** \$ \_\_\_\_\_  
(Estimated Expenses minus Estimated Income)

List all Grants, Scholarships and Awards: **A**(Awarded), **AF** (Applied For), or **WAP** (Will Apply For)  
(check one)

<input type="checkbox"/>	A	<input type="checkbox"/>	AF	<input type="checkbox"/>	WAF		\$ _____
<input type="checkbox"/>	A	<input type="checkbox"/>	AF	<input type="checkbox"/>	WAF		\$ _____
<input type="checkbox"/>	A	<input type="checkbox"/>	AF	<input type="checkbox"/>	WAF		\$ _____
<input type="checkbox"/>	A	<input type="checkbox"/>	AF	<input type="checkbox"/>	WAF		\$ _____
<input type="checkbox"/>	A	<input type="checkbox"/>	AF	<input type="checkbox"/>	WAF		\$ _____
<input type="checkbox"/>	A	<input type="checkbox"/>	AF	<input type="checkbox"/>	WAF		\$ _____

If others, please attach a separate listing and show the same information.

The undersigned hereby certify that the above information is a true and accurate representation of their financial situation.

1. _____ Name of Applicant (print or type)	_____ Signature (required)	_____ Date
2. _____ Name of Parent or Guardian (print or type)	_____ Signature (required)	_____ Date
3. _____ Name of Parent or Guardian (print or type)	_____ Signature (required)	_____ Date

## **Hagan Scholarship Applicant's Essay**

Each applicant must attach to this Form a personal essay describing the following and in the following order: his or her interests, extracurricular activities, work experience, personal and family circumstance, reasons for wanting to attend college and personal aspirations. **The essay must be written by applicant in a simple and direct manner.** The essay must be typewritten on 8 1/2 " X 11" paper, one side only and must not exceed two (2) pages in length using a single spaced 12 font typeface. Be specific; this is your opportunity to tell us about yourself and show how well you can write.

You must conclude the essay with the following statement "I hereby certify that this essay is my own work" followed by your signature.

Applicant may additionally attach a typed list of honors received with dates, personal achievements in or out of school and information regarding applicant's work history. The information must not exceed one page in length using a 12 font typeface.

I hereby certify that the attached essay, list of personal achievements, and work history are true and accurately represent my current situation.

\_\_\_\_\_  
Name of Applicant (Print or type)

\_\_\_\_\_  
Signature of Applicant (required)

\_\_\_\_\_  
Date

## Hagan Scholarship Letter of Recommendation

### To Applicant:

Print your name, sign and date where indicated below and provide the original signed copy to Respondent.

### Acknowledgment:

Applicant hereby waives any claim of access to Letters of Recommendation or subsequent correspondence between The Hagan Scholarship Foundation and Respondent in the possession of The Hagan Scholarship Foundation.

\_\_\_\_\_  
Name of Applicant (Print or type)

\_\_\_\_\_  
Signature of Applicant (required)

\_\_\_\_\_  
Date

### To Respondent:

The above applicant has applied for a Hagan Scholarship and would be grateful if you could provide a Letter of Recommendation or candid Statement regarding applicant's qualifications. Scholarship criteria include strength of character, academic ability, personal achievement in or out of school and future promise. The Grant Committee will have applicant's academic information and a statement from applicant regarding applicant's interests, extracurricular activities, reasons for wanting to attend college and personal goals.

Since you may not be able to speak from first hand knowledge to all the above criteria: 1) if you are acquainted with applicant through a teacher / student relationship, concentrate on applicant's academic ability and potential; and, secondly on other criteria of which you have firsthand knowledge; or, 2) if you are acquainted with applicant through non-academic interests, please state how long you have known the applicant, in what context, and first hand knowledge you have regarding applicant's strength of character, accomplishments, circumstance and potential. Do not hesitate to speak of an applicant's limitations as well as strong points. The Grant Committee would be skeptical to hear that the applicant has no limitations.

Please sign and then paperclip your **unsealed** Letter of Recommendation or Statement to this document and return to applicant. Your Letter of Recommendation or Statement must be submitted as a part of applicant's Scholarship Application.

Must be completed by Respondent:

Educator     Non-Educator (check one)

\_\_\_\_\_  
Name of Respondent (Print or type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Respondent (required)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code



## Hagan Scholarship Parent / Applicant Statement

The Purpose of the Hagan Scholarship is to provide each scholarship recipient with the opportunity to obtain a four year college education and graduate debt free. By signing below, I confirm that I have read the Requirements and Recipient Responsibilities that will be required of my son or daughter if awarded a scholarship.

If awarded a scholarship, I will encourage my son or daughter to fulfill those Requirements and Recipient Responsibilities in a timely manner without the necessity of notification by The Hagan Scholarship Foundation. I am aware that failure to comply with Recipient Responsibilities will result in loss of the scholarship. I understand the importance of the requirement that ALL debt be accurately reported.

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name of Parent or Guardian (print or type) Phone  
 \_\_\_\_\_  
 Signature (required) Date  
 \_\_\_\_\_  
 Address (if different than Applicant's address) City State Zip Code

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name of Parent or Guardian (print or type) Phone  
 \_\_\_\_\_  
 Signature (required) Date  
 \_\_\_\_\_  
 Address (if different than Applicant's address) City State Zip Code

I agree to provide my parent or guardian with a copy of my grades at the end of each semester.

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Name of Applicant (print or type) Phone  
 \_\_\_\_\_  
 Signature (required) Date  
 \_\_\_\_\_  
 Address City State Zip Code