MILITARY ORDER OF THE PURPLE HEART
DEPARTMENT OF MISSOURI
SCHOLARSHIP PROGRAM

This program is a $5,000.00 Scholarship spread out over 4 years. The student will receive 1,250.00 a year while maintaining a minimum of 12 credit hours at an accredited Missouri college. Accreditation reference National Center for Education Statistic's College Navigator. This program will also consider Students wishing to attend an accredited Missouri trade School. The Student will receive $1,250.00 a year while maintaining full time status until graduation and certification. This program will end after 4 years.

Student ELIGIBILITY CRITERIA

1 Must be a US Citizen, Missouri resident, a high School graduate and less than 24 years old when scholarship is awarded.
2 Be a Spouse, child, grandchild or stepchild of a Purple Heart Recipient, living or deceased.
3 Provide a copy of the related Purple Heart Recipient's DD- 214 discharge papers or an equivalent.
4 Have a high school GPA of at least 3.0 (based on a 4.0 Scale)
5 Provide a copy of your high school transcript.
6 Family 2021 Adjusted Gross Income from Federal tax form 1040 not to exceed $106,000.00 (nontaxable income is exempt from Gross Income). (Gold Star Families Disregard *item 7)*
7 Provide family's tax year 2021 Federal Tax Return
8 Enter a 300 word essay, selecting ONE of the following five topics:
   a) What are your values and what do you think is important in life? Why?
   b) Describe your community service an explain how this involvement has influenced your life.
   c) What does the opportunity for higher education mean to you, and what will you do with it?
   d) Describe an event that affected you in some way, socially, physically, emotionally or spiritually, giving insight into you as a person.
   e) Who is your hero?
9 Provide a photo of applicant, suitable for reproduction (31/2X2 minimum in color, sign the back).
10 Submit any additional information relative to your application.
11 Submit all supporting documents in one 9X12 envelope (DO NOT STAPLE).

RECAP

1. Application must be signed by you and your Parent.
2. A copy of Purple Heart Recipient's DD-214
3. Your Families Tax Returns
4. Your transcripts
5. Your essay

Mail completed application TO:

Military Order of the Purple Heart Department of Missouri
3544 South Weller Ave.
Springfield, Missouri 65804

MILITARY ORDER of the PURPLE HEART

SCHOLARSHIP APPLICATION FORM

Name_____

First Last

Address_____

Street City State Zip Code

Home Phone (___)_____(___)_____ Email_____

Student ID #_____**Relationship to Purple Heart Recipient** _____

U.S. Citizen_____ **Permanent Resident**_____ **Date of Birth**_____

Degree: _____Undergraduate _____Graduate Status _____Full time _____Part time

Number of currently registered credits_____

What Scholastic Honors or distinctions have you receive

_____

_____

_____

List the most significant extracurricular and community activities (Sports, Art, music, clubs, social or public service etc.) in or out of schools in which you have participated.

Organizations Dutyis/Activities Length of time Name& contact Information

Of Supervisor or Faculty Advisor

_____

_____

_____

List any internship (s) and/or research experience (s) in which you have participated.

Organization	Duties/ Activities	Length of time	Name & Contact Information Supervisor or Faculty Advisor

List any work and/or Volunteer experience.

Organization	Duties/Activities	Length of Time	Name $ Contact information Supervisor or Faculty Advisor

Applying for this Scholarship.

MILITARY ORDER OF THE PURPLE HEART DEPARTMENT OF MISSOURI SCHOLARSHIP PROGRAM (MOPH DEPT. Mo. Scholarship Program)

Biographical Personal Statement

Scholarship Essay (300 words)

_____

_____

_____

_____

Applicant must sign name here

I hereby certify that all of the information in this scholarship request form is accurate and complete.

I understand that all the information contained in this form will be treated confidentially and will be used for institutional purpose only. If awarded a scholarship, the organization may utilize this information for academic purposes.

Applicant name _____ **Date** _____

Parents name _____

For Office Use Only

GPA _____ **Credits**_____

For further information please contact

Scholarship Coordinator

John D. Dismer

3544 S. Weller Ave.

Springfield, Missouri 65804

417-848-1888

jdismerjd@aol.com