

Hartbauer/McBride Memorial Foundation Inc.

Scholarship Application

4870 Taffy Lane – Arnold, Missouri 63010

Phone 636-282-1127-Fax 636-296-2573

E-Mail robthightower@att.net

Bikershelpingbikers.com

Name and Address of person submitting request (Please type or print clearly)

Name _____ **Phone** _____

Street _____ **City** _____ **State** _____

Zip _____ **. Age** _____ **. Date** _____

Applicant must reside within 100 miles of down-town St. Louis, Missouri.

Applicants Parents or Guardians must own a motorcycle.

Applicant must be a recent graduate of High School.

Scholarships will be awarded on a G.P.A. of 3 or above.

Scholarship award will be \$500.00 to each Board approved applicant.

Applicant may apply once a year and applicant will only be eligible once a year.

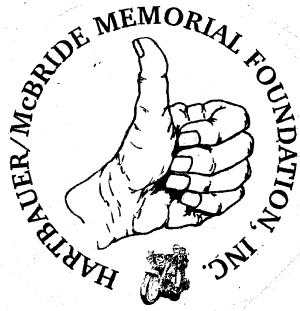
Scholarship award will be voted on by the Board of Directors of the Hartbauer/McBride Memorial Foundation Inc.

Scholarship award will be paid to the College the applicant is attending.

There will be five \$500.00 scholarships awarded per year.

Scholarship applications must be in by February 28.

Hartbauer/McBride Memorial Foundation, Inc. Scholarship Fund



SCHOOL COUNSELOR CERTIFICATION

Student name _____

This student ranks _____ in a class of _____
as of the date on this application.

Their cumulative grade point average is _____

Composite ACT score is _____

Counselor's Signature _____

Phone # _____ Ext _____

Date _____

Hartbauer/McBride Memorial Foundation, Inc.

Scholarship Fund



Name _____ DOB _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____

Do you have a High School Diploma ? Yes No

If no, expected Graduation date _____

Do you have a GED ? Yes No

What is your intended major course study ? _____

What college are you planning to attend ? _____

Have you accepted ? Yes No

What is your expected start date ? _____

School and/or Community activities that you have participated in, including dates:

Awards and or Honors you have received:

Why should the committee choose you for the Award :

By signing this I certify that the information is true and accurate to the best of my knowledge

Signature: _____ Date: _____