



/BioKyowa Scholarship Application

SCHOLARSHIP CRITERIA

First preference will be given to children of BioKyowa employees with more than six months of current employment with BioKyowa. Second preference will be given to children of BioKyowa employees with less than six months of employment. The recipient should have demonstrated good moral/character, school and/or community involvement, potential to succeed and the desire to become a useful citizen. The applicant must also submit recommendations from two teachers (other than counselors) along with their application. The awards may be renewed up to four years as long as the parent remains in the employment of BioKyowa and the student maintains an overall 2.0 GPA, at least a 2.5 GPA in their major, with no more than three grades below a "C" while enrolled at Southeast. If the applicant is not a child of a BioKyowa employee, then the applicant must be an entering freshman within a 40-mile radius of Southeast Missouri State University and meet all the other criteria.

PERSONAL INFORMATION

Name: _____ Phone: _____ SSN: _____

Local Address: _____
Street City State Zip

Home Address: _____
Street City State Zip

Name of BioKyowa employee: _____ Relationship: _____

Are you a dependent of a BioKyowa employee? YES NO
Has the employee worked for BioKyowa for 6+ months? YES NO

EDUCATIONAL EXPERIENCE

Name of High School and College	Address	Years Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check One: Undergraduate Student Transfer Student GPA: _____ Hrs. Completed: _____ as of _____

Hrs. Currently Enrolled In: _____ College Major: _____ College Degree: _____

HONORS / AWARDS / EXTRACURRICULAR ACTIVITIES

List your most important honors, awards, and extracurricular activities and indicate any offices held.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PERSONAL ESSAY / RECOMMENDATIONS / CERTIFICATION

Please attach a brief explanation of how you feel you meet the criteria for the BioKyowa Scholarship, including demonstrated good moral character, school and/or community involvement, potential to succeed, and the desire to be a useful citizen. Also, attach two recommendations from teachers (other than counselors).

By signing, I certify that the information provided is correct and I give Student Financial Services at Southeast Missouri State University permission to forward my completed application and results of my Free Application for Federal Student Aid (FAFSA) to the scholarship committee for review.

Student Signature: _____ Date: _____