



# GATEWAY DISTRICT ADVISOR SCHOLARSHIP



**Directions:** Please complete this form and mail, fax or email it by Thursday, April 13<sup>th</sup>, 2017 to:

**Cindy Berti, Chairperson**  
**Gateway District Scholarship Committee**  
**Wentzville Holt High School**  
**600 Campus Drive**  
**Wentzville, MO 63385**

**Or Email to [cynthiaberti@wsdr4.org](mailto:cynthiaberti@wsdr4.org)**

**Please do NOT include any supplemental information. Only the information from your responses to the questions on this form will be considered when selecting a recipient.**

**Or Fax to: 636-327-3953**

**Send any questions to the above email address.**

*Please type or print in black ink:*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

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

School Name \_\_\_\_\_ School Phone \_\_\_\_\_

School Address \_\_\_\_\_

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

E-mail address \_\_\_\_\_

**1. How long have you been a Student Council Advisor? \_\_\_\_\_ Year(s)**

**2. How long do you anticipate remaining in this position at this school? \_\_\_\_\_ Year(s)**

**Please answer the following questions. You may use additional pages if needed.**

**1. Why did you become a Student Council Advisor at your school?**

**2. Describe your role as a Student Council Advisor.**

**3. How do you plan to use this scholarship?**

**4. How would this workshop/program that you are planning to attend assist you in becoming a more effective Student Council Advisor?**

**5. Is there anything else you would like to tell the committee?**

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**Signature of Advisor Applicant**

**Date**