# Missouri Association of Student Councils
# ADVISOR SCHOLARSHIP

**Advisor of Middle level or High School Student Council**
**Scholarship to Missouri Summer Leadership Workshop**
**Each school may nominate one student council advisor**

*Please type or print all information in BLACK INK only.*

**NAME:_____AGE:_____GRADE:_____SEX:_____**

**HOME ADDRESS:_____**
**Street City State Zip**

**SCHOOL:_____**

**HOME PHONE(_____)_____CELL PHONE(_____)_____**

**HOW LONG HAVE YOU BEEN A STUDENT COUNCIL ADVISOR:_____**

**Have you attended any other MASC activities/workshops/events: (please list):**

**WHY DO YOU WANT TO ATTEND SUMMER LEADERSHIP WORKSHOP? (400 words or less)**

***Completed applications postmarked by May 11***

***Mail applications to:***
**TERRI JOHNSON**
**1305 Witham, Stanberry, MO 64489**