**Gene Kauffman Scholarship Foundation, Inc.**

**P.O. Box 113**

**Princeton, Missouri 64673-0113**

**660-748-3490**

May 1, 2025

Dear Applicant:

Thank you for your interest in the Gene Kauffman Scholarship Program. We are very pleased to have this opportunity to implement the wish of Mr. Kauffman to provide financial assistance to our female Mercer County graduates.

In order for the scholarships to be presented in a timely fashion for the Fall 2025 semester, it is very important that you complete this application as soon as possible. **READ CAREFULLY THE “MINIMUM REQUIREMENTS” LISTED ON THE FOLLOWING PAGE BEFORE YOU COMPLETE THE APPLICATION**. All requirements must be met to be eligible to receive a scholarship. You should read carefully the application and the agreements section before signing and submitting.

**The deadline for receiving applications is at 3:00 p.m. on Wednesday, June 11, 2025**. You may deliver your application in person to your alma mater or mail to the address above (postmark deadline is June 6, 2025). Digital copies are now accepted and should be sent to Kim Palmer at gkauffman.schol@gmail.com. It is recommended that you follow up with a hard copy.

You are required to take a nicotine test at your expense to be eligible for this scholarship. The test is to be administered by a certified physician. Test results are to be mailed from the physician or clinic to: Gene Kauffman Scholarship Foundation, P.O. Box 113, Princeton, Missouri 64673. **Your test report must be received by the Scholarship Committee by Monday, August 25, 2025** (postmark deadline is Tuesday, August 19, 2025)**.** Make sure your physician or clinic is aware of the deadline date when you get your test.

An original schedule of courses, showing total credit hours, and an itemized bill or invoice from the institution showing credits and tuition cost must be submitted. If you were a recipient of Gene Kauffman Scholarship Foundation, Inc. monies for any previous semester, a grade report must also be submitted. **Deadline for this information is Monday, August 25, 2025** (postmark deadline is Tuesday, August 19, 2025). **It is your responsibility to ensure that you get all necessary information to the Scholarship Foundation.**

**Students are encouraged to sign up for Kauffman Scholarship Foundation Community Connections Textcaster announcements through Farmers’ Bank of Northern Missouri (onlinefarmersbank.com) for deadline reminders. A QR code is included on the last page of the application packet for your convenience.**

The actual scholarship check will be made payable to the recipient. **IF EITHER APPLICATION, TEST RESULTS, OR INFORMATION DOCUMENTS ARE RECEIVED AFTER DEADLINE DATES, THEN THE APPLICANT WILL NOT BE CONSIDERED TO RECEIVE A SCHOLARSHIP.**  The decision of the Board will be final.

Please understand that because the costs of education vary from school to school, and the number of applicants is unpredictable, the amount of scholarship awarded may be different for each individual and from one semester to the next. Funding for students working toward undergraduate degrees will take priority over all other degrees. Note also that funds awarded may not cover all expenses.

Sincerely, **Deadline Date Summary:**

**Application: 06-11-25**

**Nicotine Test Results: 08-25-25**

Aimee Huse, President **Grades, Schedule & Invoice: 08-25-25**

Gene Kauffman Scholarship Foundation

# Gene Kauffman Scholarship

**Foundation, Inc.**

## “Minimum Requirements”

**To be eligible for consideration and subsequent receipt of funds each applicant must be:**

**Female**

**Unmarried**

**Non-smoking**

**(A nicotine test is required)**

**All new applicants must submit a copy of their birth certificate**

**A graduate of an accredited high school located in Mercer County, Missouri**

**Required to have completed two years of high school in Mercer County**

**Schools. One of these years must be the senior year.**

**Enrolled in an accredited college or university located in the State of Missouri**

**FAFSA determination with institution listed on scholarship application**

**(FAFSA must be filed by June 30, 2025)**

**It is your responsibility to see that the FAFSA is completed, processed (including necessary corrections), and received by the college of your choice by September 14, 2025.**

**In the event of transfer between Fall and Spring semesters, it is the student’s responsibility to ensure that the institution she is transferring to has a copy of the current FAFSA on file.**

**Carry and earn a minimum of 12 credit hours per semester/trimester (of regular Fall and**

**Spring semesters). Intersession (between Fall and Spring) and Summer School credits are**

**not eligible for funding.**

**Maintain a GPA of 2.0 on a 4.0 scale in college studies**

**Any applicant who has previously received ten (10) payments from the Scholarship Fund will not be eligible for future funding.**

**The Gene Kauffman Scholarship Foundation, Inc. is a privately funded scholarship and is not affiliated with the Princeton R-V School or the North Mercer R-III School.**

**Gene Kauffman Scholarship Foundation, Inc.**

### Fall Semester 2025

## Application for Scholarship and Contractual Agreement

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Address at School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_High School in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(year)

Number of high school years attended in Mercer County Schools: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What college degree(s) or certifications have you earned previously?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously been enrolled in a college or university? Yes No

##### If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, when will you begin and at what college or university? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of the institution you will be attending this semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What scholarships and grants will you receive for the upcoming session? List name and amount, include all

academic or athletic scholarships, Pell Grants, etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you submitted a FAFSA for the coming school year/semester? Yes No

Will you be reimbursed by your employer or other agency for your education? Yes No

By submitting this application for the Gene Kauffman Scholarship, I hereby acknowledge my agreement to comply with the following guidelines:

1. To notify the foundation if I:
2. Get married
3. Begin smoking tobacco products
4. Drop below 12 credit hours in a semester
5. Drop or add a course or courses after submitting an invoice for payment
6. Move to a new address
7. Fail to continue my enrollment in an accredited college or university in State of Missouri
8. Have a cumulative grade point average below 2.0
9. Experience any changes in the scholarships or grants I receive
10. To provide the Board of Directors with the following information:
11. An original schedule of courses, showing my total credit hours, and a bill from

the institution with tuition cost for the current semester for which I am receiving

a scholarship from the foundation

#### A copy of my grade report following each semester

1. All student documentation being submitted must contain the following information:

college name, college term, and student name or identification number; a copy of

the student’s identification card will serve as verification and is required if the name

is not on each document

1. Notice of grants or scholarships I will receive for the upcoming semester
2. Nicotine test results
3. Copy of birth certificate (if student has not received prior funding)

By signing below the applicant certifies the answers set forth above are true and accurate according to her best knowledge, information, and belief, and the applicant agrees to the conditions set forth in this document. The applicant acknowledges forfeiture of awarded scholarship and possible disqualification for future consideration if any information provided herein is subsequently determined to have been false at the time of submission and evaluation of the application. It is understood that misrepresentation of information on this application could result in required repayment of any scholarship funds received from the Gene Kauffman Scholarship Foundation. The applicant also certifies by her signature that she meets the criteria on the “Minimum Requirements” listing, is an unmarried graduate of an accredited high school located in Mercer County, Missouri; is a non-smoker, and will attend an accredited college or university in the State of Missouri carrying and earning at least 12 semester hours of credit. The applicant understands that the amount of scholarship each applicant is awarded may vary and that the amount of scholarship awarded may change from one semester to the next due to fluctuations in available funds and number of approved applicants. Adjustments may be made due to courses dropped during previous semester. The applicant also understands that her name will be released to the public as a recipient of a Gene Kauffman Foundation Scholarship.

THIS APPLICATION MUST BE SIGNED

Signed at, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Missouri, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2025.

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for Release of Financial Aid Records**

(Please print or type information in main text)

With my signature below, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give my

Name of Student

permission to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of College or University

located in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town in Missouri

to provide information regarding any financial aid I may be receiving for my own education to

The “Gene Kauffman Scholarship Foundation, Inc.”

P.O. Box 113

Princeton, Missouri 64673

This includes, but is not limited to, information regarding Pell Grants, all scholarships (institutional, departmental, private, business, local, civic club, academic, athletic, performance, etc.), other state or federal grants, and any other non-family revenue sources which are non-repayable.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number

**Options for Delivery of Kauffman Scholarship Funding**

Due to delays with the USPS mail system, the Kauffman Committee will now allow students (or another person they designate) to pick up their award from the North Mercer R-III High School or the Princeton R-V High School offices. Only the applicant and the individual they name as listed below will be allowed to pick up any scholarship funding approved by the committee.

Please indicate below your desired method of receiving any scholarship that you are awarded.  Applicants are encouraged to sign up for the Farmers' Bank Community Connection Textcaster so that they are aware when the awards have been processed.

**Option 1:**

\_\_\_\_\_\_\_\_ USPS Mail system at the address listed as my home address on the application.

**Option 2:**

\_\_\_\_\_ Pick up in person at the **Princeton R-V High School Office.**

\_\_\_\_\_  If I cannot pick it up in person, I give permission to the Princeton R-V School to release the check to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name of trusted individual

\_\_\_\_\_ Pick up in person at the **North Mercer R-III High School Office.**

\_\_\_\_\_  If I cannot pick it up in person, I give permission to the North Mercer R-III School to release the check to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name of trusted individual

OR

In the event that the applicant does not complete this page of the application and receives scholarship funding, the award will be mailed through USPS.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature Date**

**Gene Kauffman Scholarship Foundation**

**P.O. Box 113**

**Princeton, MO**

**To: 2025 High School Graduates**

**Re: LOCAL SCHOLARSHIPS**

**When you submit your local scholarships to your college financial aid office, please inform the financial aid officer that you want them all applied toward the Fall Semester. If you do not tell them, they normally will split up the scholarships using ½ of the scholarship amount for the Fall Semester and the other ½ for the Spring Semester. The Kauffman Scholarship Foundation will subtract all local scholarships the Fall Semester when figuring the needed cost to attend your specified college.**

**In the event of transfer between Fall and Spring semesters, it is the student’s responsibility to ensure that the institution she is transferring to has a copy of the current FAFSA on file.**

**ATTENTION**

**The Committee encourages the applicant to call or email Kim Palmer (Telephone Number: 660-953-0417. Email: gkauffman.schol@gmail.com), prior to deadline dates, to confirm that all necessary information has been received.**



Farmers Bank

Text caster QR Code