

SOS Scholarship Recipient Information



Name: _____

Email: _____

Year in school: _____ Anticipated graduation date: _____

College/University: _____

Major/Minor: _____

Hometown: _____

High school you graduated from: _____

Why did you choose education as your career?

Thanks! Please return to your local chapter president, who will submit forms to Kristin Owen, MNEA-Student Program Director (kristin.owen@mnea.org), 1011 Peruque Crossing Court, O'Fallon, MO 63366.



MISSOURI NATIONAL EDUCATION ASSOCIATION

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