



**TOM REDDIG MISSOURI SCHOLARSHIP FUND  
APPLICATION FORM**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**1. Purpose of request**

Formal Education

Undergraduate

Research

Continuing Education

Graduate

**2. Amount requested** \_\_\_\_\_

**3. Number of years of ASCLS/ASCLS-Missouri membership** \_\_\_\_\_

**4. Documentation attached to application**

(Refer to policy for specific information needed for the purpose of request.)

Formal Education

Proof of acceptance/enrollment in educational program

Transcript

Letters of recommendation

Personal letter

Research

Personal letter

Letter of recommendation

Continuing Education

Personal letter

Send application and documentation to Lucia Johnson, TRMSF Chair

Email: [luciajohnson123@gmail.com](mailto:luciajohnson123@gmail.com)

or

Mail: 5729 Maple St  
Mission, KS 66202