



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 606		DATE: 2/5/2025
COMMITTEE: Higher Education and Workforce Development		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALLISON MEYER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: allison.meyerwork@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/5/2025 1:26 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

My name is Allison Meyer and I am an International Baccalaureate Diploma Program Candidate at Lees Summit West High School. The IB program has allowed me to complete close to two and a half years of college for free and qualified me for full-ride scholarships to nearly every college in Missouri. I am now fully bilingual and have completed all of my gen-Ed's while gaining valuable perspective on the world. Due to this program, I will be able to go to college debt-free and gain an education in international business and foreign policy which is my motivation for this testimony. I appreciate the opportunity to study higher education and thank you for your time.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: In-Person		SUBMIT DATE: 2/5/2025 11:49 PM
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I am in Support of this Bill and making the appropriate changes.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: LEAH STRID		PHONE NUMBER: 573-751-6561	
BUSINESS/ORGANIZATION NAME: MISSOURI DEPARTMENT OF HIGHER EDUCATION & WORKFORCE DEVELOPMENT		TITLE: DIRECTOR OF EXTERNAL RELATIONS	
ADDRESS: 301 W. HIGH ST.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/5/2025 12:00 AM	
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