Gold Star Memorial Scholarship Fund For Kansas City, Missouri Public High Schools

PLEASE PRINT OR TYPE

PERSONAL DATA

Name:						
	(Last)		(First)		(Middle)	
Address: _						
	(Street)		((City)	(State)	(Zip)
Phone:			Cell p	ohone:		
Email Addı	ress:					
Date of Bir	th:			☐ Female		
Parents'/Gu	ardians' Names:					
Parents'/Gu	ardians' Address (if dif	fferent fi	rom yours):			
Parents' Ma	arital Status: Single	□ Mar	ried 🗆 Divorce	ed 🗆 Widow	ved	
		ACA	ADEMIC DAT	A		
Name of Cu	urrent High School:				Cumulative GI	PA:
Current Gra	ade: □ Sophmore □ Ju	unior	☐ Senior	Year	of Graduation:	
Class Rank	: out of	Nam	ne of Guidance (Counselor:		
Please list a	any other high schools y	you have	e attended along	with the year	ır you attended.	
☐ Please A	attach Most Recent Cun	nulative	Transcript.			
☐ Please A	Attach Your Most Recer	nt Attend	dance Record.			

SCHOOL AND COMMUNITY INVOLVEMENT

Please tell us about any special abilities and interests you may have including extra curricular activities and community involvement.				
What was the most significant accomplishment you achieved in the last year?				
If you are awarded a scholarship, what will you use the scholarship money for this year? * Personal items Transportation needs Clothing Food Other				
If you answered "other" above, please explain.				
Why do you feel you need this assistance this year?				
What are your plans/ goals for the future?				
Please list your work record.				

PERSONAL RECOMMENDATION

explain why you need this scholarship,	on from your counselor or teacher. This letter should any information regarding family or economic status eplanation of absences if there are more than 10 in a
S	SIGNATURE
Please send application, along with the f	following attachments by the deadline.
☐ Most Recent Cumulative Transc ☐ Most Recent Attendance Record ☐ Counselor or Teacher Letter of I	1.
	rovided on this application is correct and I automatically disqualifies me from eligibility.
(Signature of Applicant)	
(Date)	
Application Deadline:	October 15
Mail To:	Gold Star Memorial Scholarship Fund c/o Greater Kansas City Community Foundation 1055 Broadway, Suite 130 Kansas City, MO 64105
Email To:	scholarships@growyourgiving org