THE ASSOCIATION OF HIGH SCHOOL WOMEN GOLD STAR MEMORIAL FUND FOR KANSAS CITY, MISSOURI HIGH SCHOOL STUDENTS SCHOLARSHIP RENEWAL APPLICATION

PLEASE PRINT OR TYPE

PERSONAL DATA

Name:		
(Last)	(First)	(Middle)
Address:		
(Street)	(City)	(State) (Zip)
Phone:	Cell phone:	
Email Address:		
Date of Birth:	🗆 Male 🗆 Fer	nale
Parents'/Guardians' Names:		
Parents'/Guardians' Address (if diff	ferent from yours):	
	ACADEMIC DATA	
Name of Current High School:		Cumulative GPA:
Current Grade 🗆 Sophmore 🗆 Ju	nior 🗆 Senior	Year of Graduation:
Class Rank: out of	_ Name of Guidance Counselo	r:
If you are awarded a scholarship, w	hat will you use the scholarship	money for this year?
 Personal items Transportation needs Clothing Food Other 		
If you answered "other" above, plea	ase explain.	

To make future scholarship plans, the Gold Star Scholarship Committee would ask that you answer the following questions regarding the scholarship you previously received. Please include this with your renewal application.

1. Why do you feel you need this assistance this year?

2. How did you use the scholarship money the past year?

3. What was the most significant accomplishment you achieved in the last year?

4. What are your plans/ goals for the future?

PERSONAL RECOMMENDATION

Please attach a letter of recommendation from your counselor or teacher. This letter should explain why you need this scholarship, any information regarding family or economic status that is known to the school, and any explanation of absences if there are more than 10 in a given year.

SIGNATURE

Please send application, along with the following attachments by the deadline.

□ Most Recent Cumulative Transcript.

□ Most Recent Attendance Record.

Counselor or Teacher Letter of Recommendation

I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me from eligibility.

(Signature of Applicant)

(Date)

Application Deadline:	October 15
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Mail To:Gold Star Memorial Scholarship Fund
c/o Greater Kansas City Community Foundation
1055 Broadway, Suite 130
Kansas City, MO 64105

Email To: <u>scholarships@growyourgiving.org</u>