## Kansas Foster and Adoptive Children Scholarship Fund

**Purpose:** 

This fund was established to provide scholarships for any type of further education beyond high school including college, junior college, vocational, technical or other trade schools.

Criteria:

In order to be eligible for the scholarship, you must meet the following:

The students eligible for assistance shall be students who are or have been foster children in the State of Kansas, including foster children who have been adopted.

Submit a scholarship application on a form provided by the Foundation.

**Guidelines:** 

Scholarships will be awarded in July and November of each year.

**Type and Amount:** 

The type and amount of aid may include, but is not necessarily limited to tuition, room and board, books, etc. The scholarship awards will be paid directly to the school involved, and will be paid in two installments, one each semester.

Deadline:

Applications are accepted year around; however, awards of scholarships will be closed on July 1 and November 1 of each year.

## Please submit applications to:

**Scholarship Coordinator** 

Greater Kansas City Community Foundation 1055 Broadway, Suite 130 Kansas City, MO 64105

## Kansas Foster and Adoptive Children Scholarship Fund Application

## PERSONAL DATA

Name:								
Address:	(First) (Middle)				(Last)			
Address	(Street)	(City)		(State)	(Z	ip)		w
Phone:	***************************************			Da	te of Bi	irth:		
				Ma	ıle		Fema	ıle
*Do you qu	alify for Kan	sas Foster	· Child Edu	cation As	sistance	Progr	ram?	Y or N
after high s foster care t	You were school graduate hrough guard	ation or re lianship at	eceipt of a fter you tur	GED; or ned 16.	you w	ere ac	dopted	d or lef
	e spent in <u>Ka</u>							
Parents/Gua	ardians' Nam	es:			······································			**
Parents/Gua	ordians' Addr	ess (if dif	ferent from	yours)				
Your Marita	al Status: Sing	gle	Married	Div	vorced _	w	Vidow	ed
		ACA	ADEMIC I	DATA				
Name of High	gh School			Y	ear of C	3radua	ition _	
	Grade Point attach transcrip		Class	Rank (if I	known)	#	_ out o	of
NOTE: Schoinformation is	olarship awards helpful.	do not de	epend on ou	itstanding a	cademic	achiev	ement,	, but the
	llege or other olled in college,				*****			
Name of Ins	titution you v	will be atte	ending:		***************************************			
Why do you	want to atter	nd this sch	nool?					
				•				

What is your intended field of	of study?	
What do you hope to do w	rith your education?	
How did you learn of the ava	nilability of this scholarship?	)
Have you received other sch the nature and amount.	olarships or other financial	aid? If so, please explair
SCHOOL AN	D COMMUNITY INVOL	VEMENT
List any organizations in which employed. Organizations magroups. Jobs may also include	y include academic, athletic,	
Activity	No. of Years	Positions or Offices Held
List any awards, honors or recog	gnition received:	
		To a state of the

Which of the above experiences (participati or honor received) has been most important	on in a particular activity, leadership position on to you?
	ar to you.
Please submit any other statement or is application:	nformation you wish in support of you
Please provide names and telephone number contact regarding the applicant's character, a	academic potential or community involvemen
(from individuals other than family members).	
· · · · · · · · · · · · · · · · · · ·	
(Signature of Applicant)	(Signature of Parent/Guardian)
(Date)	

Return completed application to:

Scholarship Coordinator
Greater Kansas City Community Foundation 1055 Broadway, Suite 130 Kansas City, MO 64105