

Jonathan P. Eskridge Memorial Scholarship Fund Scholarship Application

PERSONAL DATA

Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Social Security Number: _____

E-mail address: _____ Male ___ Female ___

Parents'/Guardians' Names: _____

Parents'/Guardians' Address (if different from yours): _____

Parents' Marital Status: Single ___ Married ___ Divorced ___ Widowed ___

ACADEMIC DATA

Name of High School: _____ Year of Graduation: _____

Cumulative GPA: _____ Class Rank (if known): # ___ out of _____

Name of Institution you will be attending: _____
(Please attach letter of acceptance if available)

Why do you want to attend this school?

What is your intended field of study? _____

What do you hope to do with your education?

SCHOOL AND COMMUNITY INVOLVEMENT

List high school activities: *(You may attach a separate sheet if needed.)*

Activity

No. of Years

Positions or Offices Held

List community service activities including scouting and church activities: *(You may attach a separate sheet if needed.)*

List any awards, honors or recognition received:

Which of the above experiences (participation in a particular activity, leadership position or honor received) has been most important to you.

Do you plan to work during the school year?

If there are special financial circumstances which will affect your education, please describe:

Please attach to the application form two letters of recommendation from high school teachers and one letter of recommendation from a community member who knows you well. (not a relative)

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)

(Signature of Parent/Guardian)

(Date)

Return completed application by deadline to:

**Corinne Allee
West Platte High School Counselor
Alleec@wpsd.net
816-640-2292**

Application deadline: April 20, 2017