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

PLEASE PRINT OR TYPE

PERSONAL DATA

Name:							
	(Last)		(First)			(Middle)	
Address:							
	(Street)			(C	City)	(State)	(Zip)
Phone: _			Ce	ell p	hone:		
Email Ad	dress:						
Date of B	irth:			le	☐ Female		
Parents'/C	Guardians' Names:						
Parents'/C	Guardians' Address (if	different f	from yours):				
Parents' M	∕Iarital Status: ☐ Sing	gle □ Ma	rried 🗆 Dive	orce	ed □ Widow	red	
		AC	ADEMIC DA	ΑT	A		
Name of 0	Current High School:_					Cumulative G	PA:
Current G	Grade: ☐ Sophmore ☐	Junior	☐ Senior	Y	ear of Gradu	nation: Class	
Rank:	out of	Nam	ne of Guidanc	e C	Counselor:		
Please list	t any other high school	ls you hav	e attended alo	ong	with the yea	r you attended.	
□ Please	Attach Most Recent C	'umulative	Transcript.				
☐ Please	Attach Your Most Red	cent Atten	dance Record	ł.			

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 following attachments by the deadline.					
 ☐ Most Recent Cumulative Transcript. ☐ Most Recent Attendance Record. ☐ Counselor or Teacher Letter of Recommendation 					
· -	rovided on this application is correct and I nutomatically 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				