

**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 Female

Parents'/Guardians' Names: _____

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

ACADEMIC DATA

Name of Current High School: _____ Cumulative GPA: _____

Current Grade Sophomore Junior Senior Year of Graduation: Class _____

Rank: _____ out of _____ Name of Guidance Counselor: _____

If you are awarded a scholarship, what will you use the scholarship money for this

- Personal items
- Transportation needs
- Clothing
- Food
- Other

If you answered "other" above, please 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

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