

Sam and Rosalee Anderson Scholarship Fund

Student Application

PERSONAL DATA

Name: _____
(Last) (Middle) (First)

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

Phone: _____ Date of Birth: _____

Email Address: _____ Male ____ Female ____

Parents/Guardians' Names: _____

Marital Status: Single ____ Married ____ Divorced ____ Widowed ____

ACADEMIC DATA

Name of High School _____ Year of Graduation _____

Cumulative Grade Point Average: _____ Class Rank _____ out of _____
(Please attach transcript)

Name of Institution you will be attending: _____

Why did you select this school? _____

What is your intended field of study? _____

What do you hope to do with your education? _____

SCHOOL AND COMMUNITY INVOLVEMENT

List any organizations in which you have been a member or jobs in which you have been employed. Organizations may include academic, athletic, civic, religious or social groups. Jobs may also include volunteer work or internships.

<u>Activity</u>	<u>No. of Years</u>	<u>Positions or Offices Held</u>

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?

FINANCIAL INFORMATION

(Please attach a copy of your FAFSA SAR report)

Total number of family members in household (including yourself): _____

Number of family members in college during this year (including yourself): _____

(If parents are divorced, please include employment information for both parents):

Father's employer: _____ Job Title: _____

Mother's employer: _____ Job Title: _____

Attach a copy of all 1040EZ, 1040A or 1040 IRS forms filled by all household members.

Estimated Family Contribution:

Parent's contribution per year from income and assets: \$ _____

Student's contribution per year from job/savings: \$ _____

Other relatives, etc. \$ _____

Total family contribution \$ _____

Have you applied for other forms of financial aid? _____

Have your received other forms of financial aid? _____

Type	Amount	# years available	Sources
Scholarships	\$ _____	_____	_____
Grants	\$ _____	_____	_____
Loans	\$ _____	_____	_____
Work Study	\$ _____	_____	_____
Other	\$ _____	_____	_____

(Please forward a copy of any current or future financial aid received from any source).

Do you plan to work during the school year?:

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

Please provide names and telephone numbers of three references the committee could contact regarding the applicant's character, academic potential or community involvement (from individuals other than family):

(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