

Jerry Sharp Memorial Scholarship Application

PERSONAL DATA

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

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

Phone: _____ Social Security Number: _____

E-mail address: _____ Male _____ Female _____

Parents'/Guardians' Names: _____

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

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 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.

Activity	No. of Years	Positions or Offices Held

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 ACT Financial Aid Need Estimator Report if available)

Total Number of Family Members in Household (including yourself): _____

Number of Family Members in College during 2010-2011 (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 filed by all household members.

Estimated Family Contribution: **(per year)**

Parents' Contribution (per year) from income and assets \$ _____

Student's Contribution (per year) from job and/or savings \$ _____

Other (per year) from relatives, etc.; please specify \$ _____

Total Family Contribution (per year) \$ _____

Have you applied for other forms of financial aid at this time? Yes ___ No ___

Have you received other forms of financial aid at this time? Yes ___ No ___

Type Amount # of Years Available Source(s):

Scholarships \$ _____

Grants \$ _____

Loans \$ _____

Workstudy \$ _____

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 applicants character, academic potential or community involvement (from individuals other than family members).

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:

***Greater Kansas City Community Foundation Attn: Scholarships
1055 Broadway, Suite 130
Kansas City, MO 64105***