

*Together…making our community better*

High School Scholarship Application –2020

**Deadline: March 5, 2020**

Assistance League of Kansas City (ALKC) is offering scholarships to academically promising high school seniors who have demonstrable financial need to attend a college, university, or technical school/program located in the **State of Missouri** starting summer or fall 2020.  We are a not-for-profit organization that has served the unmet needs of children and adults in the Kansas City area for the past 36 years.  We are pleased to have the resources to assist worthy high school seniors realize their dream of attending a post-secondary school.

To be eligible:

* Minimum GPA of 3.0
* Complete **ALL** questions on this form
* Hand written signatures only **(digital signatures will disqualify the application)**
* Official High School Transcripts including ACT or SAT score
* One letter of recommendation from a counselor or high school teacher
* One letter of recommendation from an adult community member (non-family member)
* Completed official government Standard Assessment Report (SAR)
* Demonstrable family need
* Evidence of involvement in co-curricular and community activities

**All applications must be TYPED AND SUBMITTED BY MAIL to Assistance League of Kansas City 6101 N, Chestnut, Gladstone, MO 64119**

***All documents must be received before 11:59 pm on March 5, 2020***

**Incomplete applications will not be considered**.

Full Legal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. FINANCIAL NEED

*Please attach a* ***typed essay*** *(max 300 words) describing why you are seeking financial aid to attend a post-secondary school.*

* Family Circumstances
* What you have or are doing to financially meet this goal.
* Other examples that you think the scholarship committee needs to know about your financial need

C. PERSONAL STATEMENT

*Please attach a* ***typed essay*** *(max 300 words) about yourself, addressing:*

* + - Career goals
    - Educational plans
    - Why you should be awarded the scholarship
    - Examples that illustrate personal qualities and skills

D. Leadership History

List your principle activities: work, volunteer, school based, and honors by most to least important. See attached attached sheet.

E. EDUCATIONAL PLANS **This must be a post-secondary educational institution located in the State of Missouri.**

My current plan is to attend (school name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Located at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Please Circle Summer 2020 Fall 2020

If awarded this scholarship, I understand that I must complete one semester at the school of choice or the scholarship funds must be returned.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Photo/Name Release Form**

If asked, I agree to speak at an Assistance League of Kansas City event and allow my photograph and name to be used by ALKC for publicity. If you will not be 18 years of age by June 1, 2020, please have a parent/guardian provide consent for ALKC to use your name and a photo of you for publicity.

Printed name of applicant ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Or**

Printed name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Printed name of Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Primary Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip Code\_\_\_\_\_\_\_\_\_\_

I am a member of Assisteens®. Please Circle Yes No

I have a relative who is a member of Assistance League of Kansas City, Please Circle Yes No

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Activity By Grade | 9th | 10th | 11th | 12th | Hours per week | Hours per year | Leadership Position Held |
| Community or School |  |  |  |  |  |  |  |
| EXAMPLE Habitat for Humanity |  | x | x |  | 7 | 15 | Lead Carpenter |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
| **Work by Grade** | **9th** | **10th** | **11th** | **12th** | **Hours per week** | **Hours per year** | **Position** |
| EXAMPLE Life guard |  |  |  | x | 10 | 30 | Life Guard |
|  |  |  |  |  |  |  |  |
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| **Honor By Grade** | **9th** | **10th** | **11th** | **12th** | **Hours per week** | **Hours per year** | **Leadership Position Held** |
| EXAMPLE Team Captain |  |  |  |  |  |  |  |
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