



Together...making our community better

Scholarship Application –2019

Deadline: February 28, 2019

Assistance League of Kansas City (ALKC) is offering scholarships to academically promising high school seniors who need financial assistance to attend a college, university, or technical school/program summer or fall 2019. 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, students must have a minimum GPA of 3.0, complete the application form, and submit the required documentation. All materials should be sent as digital files to scholarships@alkc.org OR printed copies may be submitted by mail to Scholarship Program, Assistance League of Kansas City, 6101 N. Chestnut, Gladstone, MO 64119.

Required documentation consists of:

1. **All** the questions on this 3-page form answered completely and legibly.
2. Official transcripts, including ACT or SAT scores
3. Two letters of recommendation from non-family members – 1 school (such as teachers, counselors, or coaches) and 1 non-school (for example an employer, civic leader, etc.)
4. A copy of your Free Application for Federal Student Aid (FAFSA) form

All documents must be received before 11:59 pm on February 28, 2019.

Incomplete applications will not be considered.

Full Legal Name _____

High School Attending _____

Age _____ Birthdate _____ Primary telephone _____

Email _____

Home Address _____

A. SPECIAL RECOGNITION AND HONORS

Please list all received:

B. 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

C. FINANCIAL NEED

Financial need is also considered when selecting scholarship recipients. Briefly and specifically state any circumstances regarding your financial need related to achieving your academic goals.

D. EDUCATIONAL PLANS

My current plan is to attend (school name): _____

Located at: _____

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, 2019, 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 _____

