

# **Jerry Sharp Memorial Scholarship Application**

## **PERSONAL DATA**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (Middle) (First)

Address: \_\_\_\_\_  
(Street) (City) (State)  
(Zip)

Phone: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

E-mail address: \_\_\_\_\_

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
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List any awards, honors or recognition received:

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Which of the above experiences (participation in a particular activity, leadership position or honor received) has been most important to you?

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**FINANCIAL INFORMATION**

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

Number of family members in college this next school year (including yourself):  
\_\_\_\_\_

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

Father's employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Mother's employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Estimated household income: \$ \_\_\_\_\_

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? \_\_\_\_\_

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

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**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).**

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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***