



EXPANDING CHARITABLE HORIZONS

***Black Community Scholarship Fund***  
***Application***  
**PERSONAL DATA**

Name: \_\_\_\_\_  
(Last) (Middle) (First)

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

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male  Female

Marital Status: Single  Married  Divorced  Widowed

**ACADEMIC DATA**

Name of High School \_\_\_\_\_ Phone# \_\_\_\_\_ Year of Graduation \_\_\_\_\_

College or University already attended if applicable: \_\_\_\_\_ Year/s Completed \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_ Class Rank: # \_\_\_\_\_ out of \_\_\_\_\_  
(Please attach transcript)

Name of College/University/Educational Institution you will be attending (Please attach acceptance letter): \_\_\_\_\_

Why do you want to attend this school? \_\_\_\_\_  
\_\_\_\_\_

What is your intended field of study? \_\_\_\_\_

What do you hope to do with your education? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 meaningful to you?

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**FINANCIAL DATA**

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

Number of Family Members in College or a Training Program in the Upcoming Year (include yourself): \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Spouse or Partners's Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Anticipated College/Coursework/Training Expenses: Estimated Family Contribution:

Tuition & Fees	\$ _____	Applicant's Contribution: (from income and assets) \$ _____
Room & Board	\$ _____	Other (e.g. relatives; please specify)
Books & Supplies	\$ _____	\$ _____
Other (please list)	\$ _____	

Total Education-related Expenses: \$ \_\_\_\_\_ Total Applicant/Other Contributions \$ \_\_\_\_\_

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

If yes, please indicate the type, amount and source:

		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 while pursuing this education? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

## PERSONAL STATEMENT

Please write and attach to this application a personal statement of **250 words or less**. Your personal statement should describe in detail your current professional or academic status, your future professional goals, how this education or training will assist you in attaining your goals. Include non-paid experiences that have helped shape you and your career decisions. Include any volunteer or leadership roles in which you have served and/or any special service awards or recognitions you have received.

I understand, if I am selected, I will be expected to provide my social security number to the Greater Kansas City Community Foundation's Office of Scholarship Services. In addition, I must perform eight (8) hours of community service per quarter for one year with an organization that has been approved by the Black Community Fund Board of Directors. My signature below indicates that I agree to comply with these and all requirements associated with this scholarship.

Applications are due no later than Monday, April 19, 2010

**I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me from eligibility.**

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(Signature of Applicant)

(Date)

**Return to:**

**Greater Kansas City Community Foundation  
ATTN: Black Community Scholarship Fund  
1055 Broadway, Suite 130  
Kansas City, Missouri 64105**