

***GORDON M. ROBINSON MEMORIAL SCHOLARSHIP
FUND***

Student Application

PERSONAL DATA

Name: _____
(Last) (Middle) (First)

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

Phone: _____ Cell phone: _____

Email Address: _____

Date of Birth: _____ Male ___ Female ___

Parents'/Guardians' Names: _____

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

ACADEMIC DATA

Name of High School: _____ Year of Graduation: _____
(please attach transcript)

Cumulative GPA: _____ Class Rank: _____ out of _____

Name of college or University you are or will be attending: _____
(please attach current transcript if attending)

Why did you select this school? _____

What is your intended field of study and why did you select it? _____

What do you hope to do with your college 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 current FAFSA Form)

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

Number of Family Members in College during 2010 (including yourself): _____

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

Father's Employer: _____ Job Title: _____

Mother's Employer: _____ Job Title: _____

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 your 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 March 15th to:

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