

Second Chance Scholarship

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: _____
Attach high school transcript.

Cumulative GPA: _____

What schools are you considering? _____

What is your overall life plan? _____

Why do you need a second chance? (Attach additional pages if necessary.) _____

Name any family members who have attended college and if so, did they receive a degree (2 or 4 year)? _____

I currently live with:

Mother Father Both Mother/Father Other

If other, please describe your living situation: _____

FINANCIAL INFORMATION

(Please attach a copy of your ACT Financial Aid Need Estimator Report if available)

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

Number of Family Members in College during upcoming 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: _____

Guardian's Employer: _____ Job Title: _____

Attach a copy of all 1040EZ, 1040A or 1040 IRS forms filed by all household members.

Have you applied for other forms of financial aid at this time? yes no

If yes, give more detail regarding unmet needs: _____

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)

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 15 deadline to:

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

Please be sure you have included all information:

_____ Complete Application

_____ Reference contact information

_____ Transcript

_____ Copy of IRS forms