

***NANCY HOITING SCHOLARSHIP FUND***

***CRITERIA SHEET***

The family of Nancy Hoiting has established the Nancy Hoiting Scholarship Fund in her memory. The purpose of the scholarship fund is to send children, eighteen (18) years or younger, to Lutheran church related activities such as summer camps, mission trips or national youth gatherings.

Applicants must be a member, or child of a member, of an ELCA affiliated Lutheran Church. Churches available to submit applications shall be drawn from Area 7 churches in the Kansas/Missouri Synod of the Evangelical Lutheran Church of America. The fund will provide full or partial funding of the activity, depending on the recommendation of the selection committee and information provided in the application.

The application must be mailed to the Community Foundation by **January 15 and April 30 each year**. Please use the deadline that best fits the timeframe of your activity. The following items must accompany this application:

\_\_\_\_\_ A letter of support from parents, guardian or family member. (Letter should include reasons why the student should be considered and what they think the student will gain from this experience.)

\_\_\_\_\_ A letter of recommendation from a church staff member.

The Advisory Committee requests that once you have attended the activity supported by the fund that you send a letter to the advisory committee which tells the committee about your experience at the activity you attended, what your favorite part of the activity was and how the activity impacted you. These letters can be mailed to: The Greater Kansas City Community Foundation, 1055 Broadway, Suite 130, Kansas City, MO 64105, Attention: Nancy Hoiting Scholarship Fund Advisory Committee.

Notification of award will be made in February and May of each year.

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***Application***

Applicant's Name: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_ Member's Name: \_\_\_\_\_

Father's name and address: \_\_\_\_\_

\_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's name and address: \_\_\_\_\_

\_\_\_\_\_ Occupation: \_\_\_\_\_

Number of family members: \_\_\_\_\_ adults, \_\_\_\_\_ teens, \_\_\_\_\_ children

Name of the activity/camp you will be attending \_\_\_\_\_

\_\_\_\_\_

Approximate cost of activity you wish to participate in: \$ \_\_\_\_\_

Please list any school or community involvement you have participated in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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***Applicant's Request for Scholarship:*** (Applicant - please express what you hope to gain from this experience of participating in this activity in the space below. Thank you)

***Please list any extenuating circumstances that impact your family's financial need and should be considered.***

**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)

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(Signature of Parent/Guardian)

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(Date)

**Return by January 15 or April 30 to:**

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