WINSLOW-EVANS MEMORIAL SCHOLARSHIP

Renewal Application

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

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

Home Phone: _____

Social Security Number: _____ Date of Birth: _____

Name of College or University you will attend during 2001-2002:

_____

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

School Phone (residence): _____

Cumulative Grade Point Average: _____ Date of Graduation: _____

Please attach a copy of your official transcript to this application and mail by June 1 to:

Winslow-Evans Memorial Scholarship
c/o Greater Kansas City Community Foundation
1055 Broadway, Suite 130
Kansas City, MO 64105