

## ***Dr. Risdon Memorial Development Award***

The Dr. Risdon Memorial Development Award is designed to benefit parents who desire to attend or are currently attending a college or vocational school, either part or full time, to pursue an education in the field of nursing. Preference will be given to single parents.

The individuals eligible for assistance are as follows:

- Parents who lives in, attends high school or college in Leavenworth County, Kansas, or works in the city of Leavenworth, Kansas.
- Application must include a copy of applicant's most recent transcript (either high school or college).
- Application must include details regarding plan of action to obtain a degree in nursing.
- Award is renewable based on reapplication and continued successful development.
- Past academic performance not as important as potential for success and dedication to professional goal and personal development.

Award amount: Up to \$5000 per calendar year

Application deadline: **June 15**

Return applications to: Greater Kansas City Community Foundation  
Attn: Scholarships  
1055 Broadway, Suite 130  
Kansas City, MO 64105

# *Dr. Risdon Memorial Development Award*

## PERSONAL DATA

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

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

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

Social Security Number: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Widowed \_\_\_

## ACADEMIC DATA

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

Cumulative Grade Point Average: \_\_\_\_\_  
(Please attach transcript)

Name of College you will be attending: \_\_\_\_\_  
( If you are enrolled in college, please attach current transcript)

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

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

Why did you choose nursing as your field of study? \_\_\_\_\_

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

What do you hope to do with your 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.

<u>Activity</u>	<u>No. of Years</u>	<u>Positions or Offices Held</u>

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 DATA**

(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 this year (including yourself): \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Anticipated College Expenses:**

**Estimated Family Contribution:**

Tuition & Fees \$ \_\_\_\_\_

Parents' Contribution:  
(from income and assets) \$ \_\_\_\_\_

Room & Board \$ \_\_\_\_\_

Student Contribution  
(from job and/or savings) \$ \_\_\_\_\_

Books & Supplies \$ \_\_\_\_\_

Other (please list)  
\_\_\_\_\_ \$ \_\_\_\_\_

Other (e.g. relatives; please specify)  
\_\_\_\_\_ \$ \_\_\_\_\_

Total College Expenses: \$ \_\_\_\_\_

Total Family Contribution \$ \_\_\_\_\_

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 during the school year? \_\_\_\_\_

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

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

**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 by June 15 to:**

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