

STARKE-BLOSSER MEMORIAL SCHOLARSHIP FUND

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 next year:

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

School Business Phone: _____

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

School Phone: _____ Student's email: _____

Cumulative Grade Point Average: _____ Date of Graduation: _____

RETURN BY JUNE 15 TO:

Starke-Blosser Memorial Scholarship Fund
c/o Greater Kansas City Community Foundation
1055 Broadway, Suite 130
Kansas City, MO 64105

For GKCCF Office Use Only:

Grant number: _____ \$ _____ Grant number: _____ \$ _____

Pay Date: _____ Fund ID _____ Pay Date: _____ Fund ID _____