



What is your intended field of study? \_\_\_\_\_

What do you hope to do with your education? \_\_\_\_\_

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### **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.

Activity

No. of Years

Positions or Offices Held

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List any awards, honors or recognition received:

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Which of the above experiences (participation in a particular activity, leadership position or honor received) has been most important to you?

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## FINANCIAL DATA

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: \_\_\_\_\_

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

Anticipated College Expenses:  
**(per year)**

Estimated Family Contribution:  
**(per year)**

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:

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**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 October 15, 2010 to:**

**Greater Kansas City Community Foundation  
Attn: Scholarship for Mothers  
1055 Broadway, Suite 130  
Kansas City, MO 64105**

Checklist of application requirements:

1. Current, Official Transcript
2. Copy of most recent tax form
3. Financial Awards Notification Letter
4. One page Goals Letter