

MAJOR BRANDS SCHOLARSHIP FUND

Purpose: The purpose of the fund is to provide scholarships to students who are enrolled in or entering a college and are pursuing a major in a two or four year institution.

Criteria: In order to be eligible for the scholarship, the student must be a child of an employee of Major Brands. A GPA of 2.5 or above must be maintained with a minimum of 12 credit hours per semester. A current transcript must be included with the application. Advanced degrees beyond a Bachelors or supplemental education do not qualify for this scholarship. Scholarship selection will be based on merit and financial need.

Guidelines: Scholarships will be awarded on an annual basis and disbursed the beginning of each semester. Recipients must provide an official transcript at the end of each semester certifying the hours of credit taken and the GPA maintained. The scholarship is renewable for up to eight consecutive semesters as long as the criteria listed above are met.

Amount: \$1,500 per academic year (\$750 per semester), per student.

Deadline: April 1 of each year. Please note the scholarship is handled entirely by the advisory committee of the Greater Kansas City Community Foundation. **Major Brands has no involvement in the selection process.** The Foundation will be responsible for notifying applicants as to their award or denial of the scholarship.

Please submit application and current transcript by April 1 to:

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

Major Brands Scholarship Fund Application

PERSONAL DATA

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

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

Phone: _____ Date of Birth: _____

Social Security Number: _____ Male ___ Female ___

Parents'/Guardians' Names: _____

Parents'/Guardians' Address (if different from yours): _____

Marital Status: Single ___ Married ___ Divorced ___ Widowed ___

ACADEMIC DATA

Name of High School _____ Year of Graduation _____

Cumulative Grade Point Average: _____ Class Rank: # _____ out of _____
(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? _____

What is your intended 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>Held</u>	<u>Activity</u>	<u>No. of Years</u>	<u>Positions or Offices</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 April 1 to:

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