

Gumdrop Books Librarian Scholarship Fund

Student Application

PERSONAL DATA

Name: _____ Date of Birth: _____
(Last) (Middle) (First)

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

Phone: _____ Cell Phone: _____

E-mail address: _____ Male ___ Female ___

ACADEMIC DATA

Name of University : _____ Year of Graduation: _____

Cumulative GPA: _____

Name of University you will be attending: _____

Why did you select this school? _____

Please explain why you are seeking a graduate degree in library science. _____

What do you hope to do with your college 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 INFORMATION

(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 during 2009-2010 (including yourself): _____

(If parents are divorced, please include employment information for both parents.)

Father's Employer: _____ Job Title: _____

Mother's Employer: _____ Job Title: _____

Attach a copy of all 1040EZ, 1040A or 1040 IRS forms filed by all household members.

Estimated Family Contribution:
(per year)

Parents' Contribution (per year) from income and assets \$ _____

Student's Contribution (per year) from job and/or savings \$ _____

Other (per year) from relatives, etc.; please specify \$ _____

Total Family Contribution (per year) \$ _____

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

Type	Amount	# of Years Available	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:

Please provide names and telephone numbers of three references the committee could contact regarding your character, academic potential or community involvement (from individuals other than family members).

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)

While your response to the following has no bearing on how your application is reviewed, if you become a recipient of Gumdrop Books Librarian Scholarship do you authorize Gumdrop Books Librarian Scholarship Fund to publish your name in a public announcement of awardees?

___ *Yes it is okay to publish my name*

___ *Please do not publish my name.*

Return completed Application by March 31st to:

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

