



December 2018

Dear High School Counselors:

The North Kansas City PTA Council greatly appreciates the effort and encouragement you provide in facilitating the R.B. Doolin Scholarships on behalf of your students. In 2019, two \$750 scholarships will be awarded to graduating seniors at each of the four North Kansas City School District high schools. In addition, two \$750 NKC Lions Club Scholarships are awarded at North Kansas City High School.

Attached is a copy of the scholarship instructions, application and the counselor's report. We are enlisting your assistance in promoting this opportunity to seniors at your high school. Completed applications should be returned to your office by **Wednesday, March 6, 2019. Please remember that it is very important to fill out the Counselor's Report on each applicant, as your input is a key element in our decision.** All required information must be included.

Once again, the North Kansas Schools Education Foundation is partnering with the PTA Council to make these scholarships available to students. As director of the Education Foundation, I will be the contact person for your school and students. If I can provide any assistance during the process, do not hesitate to contact me at [jan.lewis@nkcschools.org](mailto:jan.lewis@nkcschools.org) or 321-5550. **Once you have completed the Counselor's Report on each applicant, please forward all application packets to me at Central Office by Wednesday, March 13, 2019.**

On behalf of the Education Foundation and PTA Council, I appreciate your help with the R.B. Doolin Scholarship process.

Best regards,

Jan Lewis

Director, North Kansas City Schools Education Foundation

# **2019 R.B. Doolin Scholarship Counselor's Report**

**(This report must be completed as part of the student's scholarship application.)**

Name of Student: \_\_\_\_\_ Rank in Class: \_\_\_\_\_

PSAT Selection Index: \_\_\_\_\_ Verbal: \_\_\_\_\_ Math: \_\_\_\_\_

ACT Composite Score: \_\_\_\_\_ Percentile: \_\_\_\_\_

Attendance Record: \_\_\_\_\_

Is there a reason if the student has a prolonged or frequent absence?

Please make any other notes here that might help the scholarship committee in their consideration of this student.

Name \_\_\_\_\_

Date \_\_\_\_\_

**Please return the original scholarship application to Jan Lewis, Education Foundation,  
by Wednesday, March 13, 2019.**

# 2019 R.B. DOOLIN SCHOLARSHIP APPLICATION

Sponsored by the North Kansas City PTA Council

Administered by the North Kansas City Schools Education Foundation

All seniors in the North Kansas City School District are eligible to apply for the **R.B. Doolin Scholarship**. The scholarship was established to assist graduates in attending a post-secondary institution (i.e. career and technical school and/or college) that, because of financial need, they otherwise might not attend. The student's GPA, is an indication of probable collegiate or career and technical school success, and is a secondary consideration.

Please return your **completed application, grade transcript, letter of recommendation** and **personal letter** to your school counselor. The letter of recommendation may be from a teacher, pastor, employer or another adult. Recommendation letters must be on letterhead and contain an original signature of the writer. Do NOT submit recommendation letters from relatives or school counselors. Your signed personal letter should include information about your career plans, as well as interests and activities in school, church and community organizations. Be sure to include any information about yourself that would be of interest to and help the scholarship committee with the selection process.

***You must complete all information before you can be considered for this scholarship.*** Return all completed forms to your school counselor on or before:

**WEDNESDAY, MARCH 6, 2019**

**2019 APPLICATION FOR R.B. DOOLIN SCHOLARSHIP**  
SPONSORED BY THE NORTH KANSAS CITY PTA COUNCIL

**PERSONAL INFORMATION**

APPLICANT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
CELL #: \_\_\_\_\_ PERSONAL EMAIL: \_\_\_\_\_  
HIGH SCHOOL: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

**FAMILY INFORMATION**

FATHER'S NAME: \_\_\_\_\_

ADDRESS: (IF DIFFERENT FROM ABOVE) \_\_\_\_\_ PHONE #: (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ADDRESS: (IF DIFFERENT FROM ABOVE) \_\_\_\_\_ PHONE #: (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

BROTHERS/SISTERS LIVING AT HOME OR AWAY:	AGE:	SCHOOL ATTENDING:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANY ADDITIONAL FAMILY FINANCIAL RESPONSIBILITIES? \_\_\_\_\_

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

**FINANCIAL INFORMATION**

FATHER'S EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MOTHER'S EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADJUSTED GROSS INCOME FROM PARENT(S) AS LISTED ON **FORM IRS 1040** FOR THE PAST  
CALENDAR YEAR: \_\_\_\_\_

EXPLAIN ANY SIGNIFICANT CHANGES TO FAMILY INCOME SINCE THE FILING OF LAST TAX  
STATEMENT: \_\_\_\_\_

## EDUCATION INFORMATION

HIGH SCHOOL GPA: \_\_\_\_\_ ACT/SAT SCORE(S): \_\_\_\_\_ CLASS RANK: \_\_\_\_\_

COLLEGE TO BE ATTENDED: \_\_\_\_\_ MAJOR: \_\_\_\_\_

WHO WILL BE FINANCING YOUR EDUCATION: \_\_\_\_\_

WHAT HAVE YOU DONE IN THE WORK FORCE TO HELP FINANCE YOUR COLLEGE EDUCATION?

ARE YOU ELIGIBLE FOR, OR RECEIVING ANY FEDERAL EDUCATIONAL BENEFITS OR VOCATIONAL REHABILITATION ASSISTANCE? EXPLAIN: \_\_\_\_\_

## LEADERSHIP AND EXTRA CURRICULAR ACTIVITIES

LIST YOUR PRINCIPLE LEADERSHIP ROLES AND EXTRACURRICULAR ACTIVITIES, IN THE ORDER OF THEIR IMPORTANCE TO YOU. STATE THE NAME OF THE ORGANIZATION, LENGTH OF INVOLVEMENT AND RESPONSIBILITIES HELD IN THAT ROLE. (Examples include, but are not limited to, student government, publications, debate, orchestra/band, varsity athletics, church groups, performing arts, service programs, etc.)

## ACTIVITY

## LENGTH OF INVOLVEMENT

### POSITION HELD/HONORS AND/OR LETTERS RECEIVED

[illegible]

## SIGNATURES

BY SIGNING THIS APPLICATION, YOU AGREE, IF ASKED, TO PROVIDE INFORMATION THAT WILL VERIFY THE ACCURACY OF YOUR COMPLETED FORM. THIS INFORMATION MAY INCLUDE A COPY OF YOUR FEDERAL OR STATE INCOME TAX FORM. IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION, YOU WILL BE DISQUALIFIED FROM THIS SCHOLARSHIP.

Date: \_\_\_\_\_ Signed by: \_\_\_\_\_  
(Student)

Date: \_\_\_\_\_ Signed by: \_\_\_\_\_  
(Parent/Guardian)

### **RETURN THE FOLLOWING INFORMATION TO YOUR SCHOOL COUNSELOR**

- ☐ APPLICATION (SIGNED ORIGINAL. NO PHOTOCOPIES.)
- ☐ GRADE TRANSCRIPT.
- ☐ LETTER OF RECOMMENDATION (DO NOT SUBMIT FROM RELATIVE OR SCHOOL COUNSELOR) ON LETTERHEAD WITH ORIGINAL SIGNATURE OF WRITER.
- ☐ PERSONAL LETTER THAT MUST BE SIGNED BY STUDENT.

ALL FORMS MUST BE COMPLETED BEFORE THE APPLICANT  
CAN BE CONSIDERED FOR THIS SCHOLARSHIP.