



# **Sue & Bill Woods**

## **Scholarship**

### **2020 Fact Sheet and Application**

Family and friends established this scholarship in memory of Sue and Bill Woods, longtime Northland residents, business owners and supporters of North Kansas City Schools. Sue was a graduate of North Kansas City High School and a strong advocate of public education. She spent countless hours volunteering when her children attended school in the district. Over the years, she generously contributed to the North Kansas City Schools Education Foundation, which holds the funds for the Sue and Bill Woods Scholarship.

**Application Deadline:**

Wednesday, March 11, 2020

**Number of Recipients:**

At least one annually

**Scholarship Amount:**

\$1,000 or more

**Eligibility:**

- 1) You must be a graduating senior in the Class of 2020 at North Kansas City High School.
- 2) You must plan to pursue a two-year or four-year degree at an accredited college, university or vocational/technical school.
- 3) You must have maintained a cumulative **GPA of 3.2** or higher during your high school career.

**Required Documents:**

- 1) Completed scholarship application
- 2) Official Grade Transcript indicating at least a **3.2 GPA**
- 3) Two letters of recommendation

**Process:**

The selection committee will consist of members of the Woods family. The recipient will be recognized during the Senior Honors Program held in May.

**Payment:**

Payment will be made directly to the college, university or vocational/technical school the recipient will attend, pending the submission of a letter of acceptance and his or her student identification number. The recipient must complete at least one semester. If not completed, the full scholarship amount must be returned to the North Kansas City Schools Education Foundation, which holds the money for the Sue and Bill Woods Scholarship Fund.

# Sue & Bill Woods Scholarship 2020 Application Form

**Applicant's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Personal Email: \_\_\_\_\_

College Choice: \_\_\_\_\_

Major or Course of Study: \_\_\_\_\_

**1<sup>st</sup> Parent/Legal Guardian:** \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

**2<sup>nd</sup> Parent/Legal Guardian:** \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

**Student Employment Information** (if applicable): \_\_\_\_\_

Employer: \_\_\_\_\_

Average number of hours worked per week: \_\_\_\_\_ Student Annual Income: \$ \_\_\_\_\_

**Financial Information:** (Refer to tax returns, FAFSA reports and financial aid calculators.)

Are you a dependent of your parent(s)/guardian(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are a dependent, the first two answers below are based on the income of your parent(s)/guardian(s). If you are independent, a ward of the state, or in foster care, the first two answers are based on your income alone.

Gross Annual Income: \$ \_\_\_\_\_ Adjusted Gross Annual Income: \$ \_\_\_\_\_

Total number of people dependent on this annual income, including applicant: \_\_\_\_\_

Are you eligible for the free and reduced meal program at your school? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently receiving any state or federal assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list aid programs: \_\_\_\_\_

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

**Anticipated Financial Resources:** (This will help determine your financial need and financial aid you may receive to further your education.)

**Estimated Student Contribution:** \$ \_\_\_\_\_

**Estimated Parent(s)/Guardian Contribution:** \$ \_\_\_\_\_

**Scholarships and Grants** (received to date): \$ \_\_\_\_\_

**Other Resources** (excluding loans): \$ \_\_\_\_\_

**Financing Your Education:** (Briefly explain how you plan to finance your college education.)

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

Explain any other financial circumstances you wish the committee to consider when evaluating your application: \_\_\_\_\_

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

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

By **Wednesday, March 11, 2020**, please place your application form and all required documents in one envelope and deliver or mail to:

**Counseling Office  
North Kansas City High School  
620 E. 23<sup>rd</sup> Avenue  
North Kansas City, MO 64116**