



## **ROBERT L. DAMERON MEMORIAL SCHOLARSHIP 2021**

**Purpose:** The Robert L. Dameron Memorial Scholarship Fund provides scholarships to Oak Park High School graduating seniors in memory of Robert L. Dameron. A 1969 Oak Park graduate, Bob showed an uncommon will to excel not only in academics and sports while in school, but throughout his life – as a son, husband, father, attorney and friend. This scholarship assists a high school student who demonstrates a drive and determination to succeed in all aspects of his or her life.

**Student Eligibility:** To be eligible, a student must be a graduating senior from Oak Park High School with a GPA of at least 3.5 and be involved in school activities.

**Amount of Scholarship:** Two students will receive scholarships of \$2,000 payable to their colleges or universities. The recipients will be announced and recognized at the annual senior awards night at Oak Park High School.

**Application Procedures:** Students are requested to complete the application form and submit two letters of recommendation from members of the faculty/staff of Oak Park High School. Application packets should be submitted to the counselors' office by the end of March of each year. Each packet includes:

1. **Information sheet with details about the selection criteria, eligibility requirements and instructions for completing the student application and submitting recommendation letters.**
2. **An application to be completed by the student applying for the scholarship.**

The student is responsible for requesting a letter of recommendation from two Oak Park teachers or other staff members who are familiar with the student's accomplishments and character. These letters of recommendation should be submitted with the application to the counselors' office no later than **Tuesday, April 6, 2021.**

**Selection Criteria:** The application, essay and letters of recommendation of the scholarship candidates will be reviewed by the Robert L. Dameron Memorial Scholarship Selection Committee.

**Scholarship Award:** The winners of the scholarship will be notified of the Selection Committee's decision no later than May 1 of each year. *The recipients should accept the scholarship in writing to the committee within one week of receiving notice of the award.*

**Questions:** Please contact Jan Lewis, North Kansas City Schools Education Foundation, at [jan.lewis@nkcschools.org](mailto:jan.lewis@nkcschools.org) or (816) 321-5550.

# ROBERT L. DAMERON MEMORIAL SCHOLARSHIP APPLICATION

**Name:** \_\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip

**Cell Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Personal Email Address:** \_\_\_\_\_

**Parents'/Guardians' Names:** \_\_\_\_\_

**Parents' Marital Status:** \_\_\_\_\_Single \_\_\_\_\_Married \_\_\_\_\_Divorced \_\_\_\_\_Widow

**Address (if different from student):** \_\_\_\_\_  
\_\_\_\_\_

**Approximate Gross Family Income:**

\_\_\_\_\_ Less than \$39,999 \_\_\_\_\_ \$40,000-\$69,999 \_\_\_\_\_ \$70,000-\$99,999  
\_\_\_\_\_ \$100,000-\$149,000 \_\_\_\_\_ More than \$150,000

**Number of Siblings in:** \_\_\_\_\_ Elementary School \_\_\_\_\_ Secondary School \_\_\_\_\_ College

**On separate piece of paper, please list:**

- (1) Your high school activities
- (2) Special honors or recognitions you have received
- (3) Your interests and activities outside of school
- (4) Work experience, if any

**NOTE: Please list any extenuating academic, personal or financial circumstances that you wish the Committee to consider when evaluating your application.**

College or university you plan to attend: \_\_\_\_\_

List other sources of financial aid:

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Please attach to this application:

- **A one-page essay that describes moments in your life when you overcame obstacles either through school, family or socially.** Much weight is given to this essay when making our decision on scholarship recipients!
- **A copy of your official high school transcript.**
- **Two letters of recommendation** in support of your application.
- **A copy of your letter of acceptance from the college or university you plan to attend.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEADLINE: Return this application to your Oak Park counselor by Tuesday, April 6, 2021.**