

2022 R.B. Doolin Scholarship Counselor's Report

(This report must be completed as part of the 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 _____

COUNSELORS: Please forward the original scholarship application and this completed form to Jan Lewis, Education Foundation, by Tuesday, March 29, 2022.



2022 R.B. DOOLIN SCHOLARSHIP APPLICATION

Sponsored by the North Kansas City PTA Council

Managed 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**. **Two \$750 scholarships will be awarded to graduating seniors at each of the district's four high schools.** Named in honor of former **Superintendent R.B. Doolin**, these scholarships were established by the PTA Council to assist graduates in attending a post-secondary institution (i.e. career and technical school and/or college) who demonstrate a financial need. While an indication of probable collegiate or career and technical school success, a student's GPA is a secondary consideration in selecting scholarship winners.

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.**

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

FRIDAY, MARCH 25, 2022

2022 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

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 MISLEADNG 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.