



PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

APPLICANT INFORMATION

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

SCHOOL INFORMATION

Name of High School _____
Address: _____
City: _____ State: _____ Zip: _____
Current GPA: _____ Graduation Date: _____
Name of School Attending in the Fall: _____
Address: _____
City: _____ State: _____ Zip: _____

STUDENT PROFILE

In what St. James groups are you involved in currently?

Have you completed confirmation class? ☐ No ☒ Yes, attach a copy of certificate or a note from instructor

Extra-Curricular Activities: List all Activities (Organizations, Athletics, Community Service, etc.) and/or Scholastic Achievements (Honor Society, Scholastic Awards, etc.). Please complete the following information in as much detail as possible. *Feel free to use additional sheets of paper or to create your own document using the information below.*

Briefly state your long and short-term goals and objectives below. Please use complete sentences.

APPLICATION ATTACHMENTS

- ☐ High School Transcript ☐ Essay
☐ Acceptance Letter ☐ Two (2) letters of recommendation from Church Ministry Leaders
☐ Confirmation Verification (copy of certificate or a note from instructor)

Applicant Signature: _____ Date: _____

Please submit the completed application electronically to scholarship@sjumckc.org or mail directly to **St. James Church ~ Kansas City, Youth Scholarship Fund, 5540 Wayne Avenue, Kansas City, MO 64110**. Mailed applications must be postmarked on or before **May 20th** of the current year.

FOR OFFICE USE ONLY

Application Received On: _____ Accepted by: _____

Eligibility: ☐ Membership Scholarship ☐ "Mr. Bill" Scholarship ☐ Mr. Bill Book Scholarship

Comments: _____

Approved by: _____ Total Scholarship Amount: \$ _____