## 2017 Iris and Frank Sweaney Memorial Scholarship <u>Application</u>

PERSONAL INFORMATION				
Applicant's Name				
Permanent Address				
City	State	Zip		
Telephone	Cell Phone			
E-mail address				
Name of High School		Year of graduation		
SCHOLASTIC INFORMATION				
Please list all school, church, or community activities you participated in during high school.				
Please list any awards or recognitions	received.			
Cumulative High School Grade Poin	t Average			
o	5 <u> </u>			

COLLEGE/SCHOOL INFORMATION				
College/School				
College Address				
City/State/Zip				
☐ 4 yr College/University ☐ Community College	☐ Technical School			
Have you been accepted? ☐ Yes ☐ Not yet				
Intended major				
CERTIFICATION				
I hereby certify that the information submitted in this application knowledge and that the complete application packet consists of	*			
APPLICANT SIGNATURE	DATE			

Please attach an essay (no more than two (2) typed pages) describing your desire for a higher education and your life goals. Include with the application a copy of your high school transcript and two (2) letters of recommendation.

**Deadlines:** March 1<sup>st</sup> of the year of high school graduation.

Scholarships will be awarded at high school graduation. Payment will be issued when the recipient submits a transcript verifying successful completion of one year of higher education with a GPA of 3.0 or higher and proof of registration for a second year.

## Please submit complete application packet:

The Community Foundation of Northwest Missouri, Inc.
Iris and Frank Sweaney Memorial Scholarship Fund
1006 W. St. Maartens Drive - Suite B
Saint Joseph, Missouri 64506
stacey@cfnwmo.org
816.232.2022