

# CityBall

## Scholarship Fund Application

www.cityballmovie.com

Send To:

Greater Kansas City Community Foundation  
ATTN: Scholarships  
1055 Broadway, Suite 130  
Kansas City, MO 64105

**Deadline: May 1, 2010**

### PERSONAL DATA

Name: \_\_\_\_\_  
(Last) (Middle) (First)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Male \_\_\_\_ Female \_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Name of School you attend: \_\_\_\_\_

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

Parents'/Guardians' Address (if different from yours):

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(include area code) (include area code)

E-mail: \_\_\_\_\_

### ACTIVITIES DATA

Name/Dates of camp you want to attend: \_\_\_\_\_

Cost to attend the camp: \$ \_\_\_\_\_

Why do you want to attend this camp? \_\_\_\_\_

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

What do you hope to learn? \_\_\_\_\_

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

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# **CityBall** Scholarship Fund Application ... continued

What are your future goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there are special financial circumstances which will affect your camp experience, please describe:

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

I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me from eligibility.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

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