



School District of Independence Foundation  
**Scholarship Application**

\_\_\_\_\_  
Scholarship Name

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School Currently Attending \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male  Female

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Personal E-Mail \_\_\_\_\_

Elementary school(s) attended & dates:

School Name \_\_\_\_\_ Date attended \_\_\_\_\_

School Name \_\_\_\_\_ Date attended \_\_\_\_\_

School Name \_\_\_\_\_ Date attended \_\_\_\_\_

College or University you are planning to attend: \_\_\_\_\_

Planned Educational Major: \_\_\_\_\_

I will be attending school this fall under State financed A+ Program.  Yes  No

By submitting this application, the undersigned hereby certifies that the information contained herein is true and accurate as of the date signed. The undersigned further authorizes the Independence School District and The School District of Independence Foundation, Inc. to release any and all education records of the applicant and any other information necessary for due consideration of this application. The undersigned hereby releases and forever discharges the Independence School District, The School District of Independence Foundation, Inc. and Donors from any and all claims, damages and liabilities associated with the release of said information.

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

Parent/Guardian Signature (if student is under 18) \_\_\_\_\_