

## Jay McNamara Memorial Scholarship

For students attending St. Michael the Archangel High School

Applicant Name:	Gender:
Address:	City, State, Zip Code:
Email Address:	Cell Phone Number:
Parents' Names:	
Parents' Address:	City, State, Zip Code:
Parents' Email Address:	Parents' Phone Number:
Indicate Grade Level for Upcoming School	ol Year:
Freshman Sophomore Juni	or Senior
Anticipated High School Graduation Date	:
Include the following with your comple	
<ul> <li>Most recent transcripts showing GPA;</li> <li>An approximately 500-word essay on the following prompt: Pick an experience from your own life and explain how it has influenced your development.</li> </ul>	
<ul> <li>Reference letter from your pastor,</li> </ul>	teacner, or principal.
Applicant Signature	

Completed application form and all items listed above must be submitted to:

## Independence, MO 64057

**Application Deadline:** 

4200 Little Blue Parkway, Suite 340

Jay McNamara Memorial Scholarship Committee c/o Truman Heartland Community Foundation

April 1