

AMELIA W. SHEARS ENDOWED SCHOLARSHIP

The Alumni of the 1953 Olathe High School graduating class have established a \$500 scholarship in honor of Mrs. Amelia W. Shears. Mrs. Shears was a former teacher and class sponsor. Many class members felt the scholarship would be a fitting tribute to a caring, dedicated and exceptional lady. Mrs. Shears taught 47 years in Olathe schools. Her curricular area included English, Spanish, Latin and French.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

School Counselor: _____

ACT Score: _____ Class/Rank: _____

University or College where you have been accepted: _____

Criteria:

- a. Student must be pursuing a degree in teaching or languages.
- b. Student must demonstrate financial need.

Process:

- a. One graduating senior from an Olathe District High School will receive the scholarship annually.
- b. Each school will nominate one student per year for this scholarship.
- c. A committee from the Class of 1953 or their designated representative will make the final selection of the scholarship winner.

Supporting Information:

- a. On a separate sheet of paper, please write a brief synopsis outlining the field of study you intend to pursue.
- b. Fill out the attached financial summary and attach to this cover page and your synopsis.

Application Deadline: March 1, 2010

Please return this application to your high school counselor by March 1, 2010.

Financial Status:

Parent/Guardian, please check the appropriate gross taxable income for last year:

_____ Less than \$35,000 _____ \$35,001 to \$55,000
_____ 55,001 to \$100,000 _____ over \$100,000

of dependent children: _____ # of dependent children in college: _____
Are any of these children receiving scholarships (full or partial)? _____

Applicant's Anticipated College Costs for one year:

Tuition: \$ _____
Room & Board: \$ _____
Books & Fees: \$ _____
Personal Expenses: \$ _____

Total College Expenses for One Year: \$ _____

Estimate of Finances Available for one year:

Parent/Guardian's Contribution: \$ _____
Student's Savings: \$ _____
Summer Earnings: \$ _____
Scholarships Received: \$ _____
Other Funding: \$ _____

Total Available Assets \$ _____

College Expenses for One Year \$ _____
Total Assets \$ _____
Difference (Expense minus assets) \$ _____

Are there any special or unusual circumstances that would indicate that you have special financial needs in order to attend college? _____

Parent's Confirmation

I have reviewed this form, and this application is being made with my approval.

Parent's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____