



KCP&L SCHOLARSHIP
Established 1991

The KCP&L Scholarship is available through the UCM Foundation for a graduating senior who plans to attend UCM and whose parents are customers of KCP&L. This scholarship is made possible by way of a gift from KCP&L of Warrensburg, Missouri

Criteria

To be eligible to apply, a student must:

- a. be a graduating senior of an accredited high school in the State of Missouri;
- b. be accepted to the University of Central Missouri;
- c. live in a home in which the parent or guardian is a customer of KCP&L;
- d. demonstrate scholastic ability;
- e. be in the top 25% of graduating high school class;
- f. plan to complete an associate or bachelor degree;
- g. demonstrate financial need.

Selection Process

1. Prior to review by the UCM Scholarship Selection Committee, applicant eligibility shall be determined by the District Manager, KCP&L, Warrensburg, Missouri.
2. The Selection Committee, with the approval of the Executive Director of the Foundation, will annually establish the number and award amount. In a given year, the Committee may exercise the option of making no selection.

1. Name _____ UCM student ID# _____

2. Permanent Address _____
street

city state zip code county

3. High school attended _____
name of school city state zip code county

4. Home Phone (_____) _____ E-mail address _____

5. KCP&L account number _____ Residential Commercial

6. Name as it appears on KCP&L account _____

7. Are you related to a current or retired employee of KCP&L or Missouri Public Service?

No Yes _____
relationship

8. Attach a list of high school and community organizations to which you belong. List leadership roles when applicable.

9. Attach a typed statement of not more than 300 words relative to your educational and vocational goals. Include what your plans and aspirations are for the future and what values you hold to be important in your development.

10. Attach a high school transcript.

REFERENCES: Do not list family members.

1. Name _____ Relationship _____
Phone Number _____ E-mail _____

2. Name _____ Relationship _____
Phone Number _____ E-mail _____

UNDERSTANDING OF ACCEPTANCE:

If I am selected as a recipient of this scholarship, I understand that I must meet the criteria as outlined in this application at the beginning of the semester in which the scholarship is to be applied to my student account. If my status should change before/during the academic year, I understand that I must notify the Office of Student Financial Services (660-543-4761). I further understand that a change in my status may affect my eligibility and the application of the scholarship to my student account.

Signature

Date

11/08

Application must be delivered or postmarked by **March 1** to:
Office of Student Financial Services ▪ University of Central Missouri ▪ Ward Edwards 1100 ▪ Warrensburg, MO 64093

-- Keep a copy of completed application for your records --