THE 2025 JUNE BARBER MEMORIAL SCHOLARSHIP

APPLICATION AND FINANCIAL STATEMENT

SPONSORED BY THE CHI OMEGA ALUMNAE ASSOCIATION OF GREATER KANSAS CITY

PLEASE PROVIDE TYPEWRITTEN RESPONSES TO ALL FIELDS OF THIS APPLICATION AND E MAIL BY March 23, 2025, TO KCCHIOMEGA@GMAIL.COM

NAME:
PRESENT ADDRESS:
PERMANENT ADDRESS:
PRESENT PHONE #: PERMANENT PHONE #: E-MAIL ADDRESS:
PARENT/GUARDIAN NAME(S):
PARENT/GUARDIAN ADDRESS(ES) (IF DIFFERENT FROM PERMANENT ADDRESS ABOVE):
HIGH SCHOOL ATTENDED & GRADUATION DATE:
UNIVERSITY ATTENDING:
CHI OMEGA CHAPTER: CLASSIFICATION: FR. SO. JR. SR. CREDIT HOURS
COMPLETED: GPA:
CREDIT HOURS IN CURRENT TERM: ANTICIPATED HOURS NEXT TERM: MAJOR:
DEGREE SOUGHT:
PROFESSIONAL OBJECTIVE:
CONTRIBUTIONS TO CHI OMEGA, INCLUDING OFFICES HELD (LIST AND DATE BY YEAR):

CONTRIBUTIONS TO YOUR UNIVERSITY AND COMMUNITY (INCLUDE DATES OF SERVICE AND TIME REQUIRED):

ACADEMIC AND/OR PROFESSIONAL HONORARIES:
OTHER HONORS (LIST AND DATE BY YEAR):
EXTRACURRICULAR ACTIVITIES DURING UNIVERSITY CAREER:
WORK EXPERIENCE (INCLUDE EMPLOYER, POSITION, HOURS/WEEK, AND DATES OF EMPLOYMENT):
ARE YOU CURRENTLY EMPLOYED?
IF YES, WHAT POSITION DO YOU HOLD?
DO YOU PLAN TO WORK NEXT ACADEMIC YEAR?
IF YES, WHAT POSITION DO YOU PLAN TO HOLD?
 PLEASE ATTACH THE FOLLOWING: A BRIEF ESSAY (200 WORDS OR LESS) EXPLAINING WHY YOU DESIRE THIS SCHOLARSHIP AND THE QUALIFICATIONS THAT SET YOU APART FROM OTHER APPLICANTS. • ONE LETTER OF RECOMMENDATION FROM A CHI OMEGA ADVISOR, ANOTHER CHI OMEGA ALUMNAE, OR A UNIVERSITY PROFESSOR. A RECENT PHOTOGRAPH FOR PUBLICITY PURPOSES (BLACK & WHITE PHOTO PREFERRED). PHOTO WILL NOT BE SEEN BY THE SCHOLARSHIP SELECTION COMMITTEE.

PLEASE COMPLETE THE FOLLOWING FINANCIAL STATEMENT:

PLEASE LIST ANY FINANCIAL AID RECEIVED DURING *THIS ACADEMIC YEAR* (BOTH UNIVERSITY FINANCIAL AWARDS *AND* OUTSIDE FINANCIAL AWARDS). <u>ORGANIZATION</u> DATES AMOUNT RECEIVED

TOTAL FINANCIAL AID RECEIVED

PLEASE LIST ANY FINANCIAL AID EXPECTED DURING THE *NEXT ACADEMIC YEAR* (BOTH UNIVERSITY FINANCIAL AWARDS *AND* OUTSIDE FINANCIAL AWARDS). <u>ORGANIZATION</u> DATES AMOUNT RECEIVED

TOTAL FINANCIAL AID EXPECTED

\$\frac{\texpected resources university expenses}{\texpenses} \texpenses \texp

SIGNATURE:

her include her phone number in her letter.):

STUDENT ID #:
DATE:
NAME AND PHONE NUMBER OF A REFERRING CHAPTER ADVISOR (We need to contact this

advisor as part of the application process. If the advisor is writing the letter of recommendation, have