ALPHA OMICRON PI-JESSIE MARIE CRAMER SCHOLARSHIP

SCHOLARSHIP GUIDELINES

Sponsorship: Greater Kansas City Alumnae Chapter of Alpha Omicron Pi

Eligibility: Female students enrolled at the University of Kansas who will be juniors, seniors, or graduate students the upcoming school year. Preference is given to students who display financial need. Financial need is determined by the Free Application for Federal Student Aid (FAFSA). The FAFSA should be completed by the date of the scholarship application.

Applications: Available online

Amount of award: Amount varies, depending on funds available.

Submit application: Debbi Johanning
Scholarship Committee Chair
1313 Connecticut
Lawrence, KS 66044

Application Deadline: April 1
A. Personal Information
1. Name __________________________
2. Address __________________________
3. Phone __________________________
4. Are you a member of a social sorority? ______ If so, which one? ______________________
5. Social Security Number XXX-XX-______ KUID Number ______________________

B. Educational Experience
1. High school from which graduated __________________________ Year ______
2. Name of school or college previously attended and presently attending (please indicate any degrees earned):
   Dates of attendance __________________________
   Dates of attendance __________________________
   Dates of attendance __________________________
3. What is your major course of study and what is your anticipated completion date? ______________________
4. List any distinctions or honors you have won, scholastic or otherwise: ______________________
   __________________________
   __________________________
5. Cumulative overall grade point average ________ Cumulative GPA in major field only ________
6. List activities in which you have participated (both school and community):
   __________________________
   __________________________

C. Work Experience
1. Please list jobs (including summer employment) you have held in the past three years:
   Job and kind of work Employer Approximate dates of employment Approximate # hours work per week
   __________________________
   __________________________
   __________________________

2. Comment on the interest, talent or activity that you think has contributed the most to your development. Select an experience you have listed in B6 and/or C1 above, or choose from among your academic interests.
   __________________________
   __________________________
   __________________________
3. If you could do what you most wanted to do, what kind of life would you like to lead 15 to 25 years from now? You may not be sure just where you would like to live or what kind of occupation you would like best; however, indicate the considerations which will be important in helping you decide.

D. Financial
1. Please indicate your own estimated budget for next school year:

<table>
<thead>
<tr>
<th>Costs</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and required fees</td>
<td>Personal savings</td>
</tr>
<tr>
<td>Books, instructional materials</td>
<td>Earnings during vacation</td>
</tr>
<tr>
<td>Room</td>
<td>Part-time earnings during academic year</td>
</tr>
<tr>
<td>Board</td>
<td>Aid from parents/guardians</td>
</tr>
<tr>
<td>Clothing</td>
<td>Aid from other relatives</td>
</tr>
<tr>
<td>Travel expenses if commuting</td>
<td>Other scholarships</td>
</tr>
<tr>
<td>Personal and recreation</td>
<td>Other resources</td>
</tr>
<tr>
<td>Other costs</td>
<td>Total resources</td>
</tr>
<tr>
<td></td>
<td>Estimated financial need</td>
</tr>
</tbody>
</table>

2. If you do not receive our scholarship award, what are your alternatives for financial aid?

3. Do you currently have student loan debt, and if so, what is your total indebtedness?

E. Special comments
1. If some important aspect of your life is not covered by the questions above, please make additional comments you think appropriate below or on a separate sheet and include it with this application.
Authorization To Release Financial Need Information

I authorize the Office of Student Financial Aid at the University of Kansas to release information regarding my federal needs analysis as determined by the Free Application for Federal Student Aid (FAFSA) to the Scholarship Committee of the Greater Kansas City Alumnae Chapter of Alpha Omicron Pi, c/o Debbi Johanning.

Name: ____________________________________________

KUID: ________________  SSN: XXX-XX-___________

Signature: ____________________________________________

Date: ________________